HOUSE OF COMMONS

Scottish Affairs Committee

Oral evidence: Coronavirus and Scotland, HC 314

Thursday 11 June 2020

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Watch the meeting

Members present: Pete Wishart (Chair); Mhairi Black; Andrew Bowie; Deidre Brock; Wendy Chamberlain; Alberto Costa; Sally-Ann Hart; John Lamont.

Questions 117 - 163

Witnesses

I: Jeane Freeman OBE MSP, Cabinet Secretary for Health and Sport, Scottish Government; and Professor Jason Leitch, Clinical Director of Healthcare Quality and Strategy, Scottish Government.

Examination of witnesses

Witnesses: Jeane Freeman and Professor Jason Leitch.

Q117 **Chair:** I welcome you all to the Scottish Affairs Committee and our inquiry into Covid in Scotland and the four-nations approach. Today we are joined by Cabinet Secretary Jeane Freeman and Clinical Director Jason Leitch. I will hand over to Cabinet Secretary Freeman to give us some introductory remarks and introduce herself and her colleague. Cabinet Secretary, over to you.

Jeane Freeman: Thank you very much, Chairman, and my thanks to you and your colleagues for the opportunity to be here. Before I continue, I will introduce Professor Leitch, who is our National Clinical Director with extensive experience in public health and one of the lead architects and deliverers of our internationally recognised Scottish patient safety programme.

From the outset, we have worked to secure maximum co-operation across the four nations of the UK and their Governments. The virus is no respecter of national boundaries, so cross-national and, indeed, international learning and co-operation is critical. We remain of the view that collaboration and alignment between the respective Governments in the UK is important, and that our judgments and decisions as Governments should continue to be guided by scientific and clinical advice and the guidance that we receive.

Of course, working together in a meaningful way requires discussion and not simply the communication of decisions taken. We know that lockdown, while there to prevent harm, does itself cause harm in other areas of health, including mental health and wellbeing, to our economy and to our communities. Progress has been made and we have the evidence of that in the sustained downward trend of new cases, hospitalisation, including in ICU, and, indeed—while not wanting to diminish in any way the impact on those who have lost a loved one—the declining number of deaths and today's published data on the estimated R number for Scotland.

We need to be clear that the virus has not gone away and the virus does not transmit itself—people do that. As we recognise progress, we also need to recognise that the headroom that progress gives us at this point is small and our easing of the lockdown needs to be planned, thoughtful, gradual and steady, allowing time to measure impact on the way out as we did on the way in, paralleled with key actions such as our test and protect programme to manage the emergence of cases and lockdown transmission.

That is the approach we have taken in moving from lockdown to phase 1 of our route map, which is where we are now, and the approach we will continue to take. Next Thursday, a week today, we will publish our decisions in terms of that three-week review period and whether or not we believe we can then move into phase 2 of our Government route map and,

if so, to what extent: to the full extent, partial extent or in what manner we might do that. It is also an approach, that thoughtful, steady and safe way, that we are cognisant of as we safely and gradually restart those areas of healthcare that we paused to deal with the pandemic. Members may know that last week I published the framework for decision making in the remobilisation, the recovery and the redesign of the NHS in Scotland.

With that, Chair, I will pause. I am very happy to take whatever questions your colleagues want to ask, and, where appropriate, I will ask Professor Leitch to contribute as well.

Q118 **Chair:** I am grateful, and thank you ever so much for that. I appreciate you are both very busy just now, so we will not try to delay you inordinately and will let you get back to your very important work.

You have identified in your introductory remarks that we have a specific interest in the four-nations approach: how it has worked, how efficient it has been, and the type of operational independence national Governments may have to implement their own priorities. Could you describe to us, please, just how this works? What is your engagement and involvement? How are decisions taken, and how is there an expectation that this would be managed and implemented across the four nations?

Jeane Freeman: There are a number of points in there and this is an evolving process. At the outset, as you will know, the four nations came together using the advice that came primarily through SAGE, that consensus approach to the scientific advice, and crafted, agreed and published at the same time the four-nation plan, which set out the phases that we would individually, in each of our countries, and collectively work our way through, from containment through to delay and so on.

At that point, there were, I think it is fair to say, considerable interrelationships and discussions. That still continues—I think it is important to say this—between our respective chief medical officers. Professor Leitch might want to say a bit more about that level of clinical and scientific engagement. We have, as you know, established our own advisory group to the chief medical officer here in Scotland with Professor Andrew Morris. I know he gave evidence to you before. He is a member of SAGE, and he takes the work of SAGE and with other colleagues, some of whom are involved in SPI-M or SPI-B, applies that to the particular situation in Scotland as we confront it. There has been significant engagement throughout by scientists and clinicians, as you would expect; that is the nature of the scientific and the academic community.

I have to say, though, that the engagement at senior ministerial and political level has not been as consistent as we would wish it to be. The last COBRA meeting was 10 May and, as you will know, a number of further decisions, of course, in the respective nations of the UK have been taken subsequent to that. That really is part of the point I made in my opening remarks. Co-operation and collaboration requires discussion. It is not simply the communication of decisions. I know that the Prime Minister and

the First Ministers have had calls. I personally have a weekly call with my four counterparts, Vaughan Gething from Wales, Robin Swann from Northern Ireland and, of course, Matt Hancock as the Secretary of State, where we discuss some issues that are pressing in terms of health matters around PPE or test and trace, and so on.

The ministerial implementation groups are to be disbanded and replaced, I understand, by two other committees, but it is not clear at all yet in what way the other Governments from Wales, Northern Ireland or ourselves will be involved in that. So we have some concern about the continuation in practical terms, in discussive and decision-making terms, between the four nations, although we, I do think, have reached a view that there are certain areas, quite clearly, that are for the individual devolved Governments to take, given the respective responsibilities, and that we may move in terms of the UK as a whole at a different pace in each of—

Q119 **Chair:** Can I come to that directly, Cabinet Secretary, if you don't mind? This is quite important to us. I think the view is that it was quite easy to put together the four nations, and there was general buy-in and acceptance of all the things you have described about the fact we are one United Kingdom with four different jurisdictions. It was important that we worked together. It seems to be a little bit more frayed as we are coming out the other end, with all the respective Governments doing different things in their approaches to leaving lockdown. Does that mean the four-nations concept is basically dead or dying, or is there still something that we could refer to as the four nations as we leave lockdown just now?

Jeane Freeman: For the very reason I said at the outset, that the virus is not a respecter of boundaries, the four-nation plan was a very positive start that recognised our respective responsibilities but came together to reach a shared view. I think that remains important, and we continue to work to try to achieve that, but what I do not understand and cannot answer for you is why COBRA has not met since 10 May. Our own Scottish Government resilience meetings in terms of our cross-Government Cabinet-level meetings continue. The last one was Friday just gone. COBRA seems to me to be an important place for that four-nation co-operation to be undertaken in a very practical sense at that political level, and the disbanding of the ministerial implementation groups with nothing in its place that has involved any discussion yet with this Government—and, therefore, we do not know whether there is a role there—is of concern. But our commitment remains to do what we can to secure four-nation co-operation.

Q120 **Chair:** I am grateful for that. I saw you earlier with the First Minister at the daily press briefings that happen, I think, at Bute House. I know that Professor Leitch is a regular attender, too. I understand there is going to be an announcement about our move to phase 2 next week. I think that is correct, isn't it? Given that we refer to phases, where the UK Government refer to the steps they are taking, is there any great difference about what we are doing coming out of lockdown compared with the UK Government? If there is a difference, what is it?

Jeane Freeman: You are right, our briefings happen every day of the week, apart from Saturday, and on Wednesdays the First Minister is in our Parliament doing a version of that to parliamentarians.

The phases that are there between our route map out of lockdown and the UK Government's approach, there are many similarities in that, but what we are very clear to do—and, of course, as we approach next Thursday we are being pressed, as we were today, to make announcements and decisions in advance of the review date. We are resisting that because we believe that the progress that has been made so far has been made as a consequence of taking time to review the evidence that comes from those numbers that we announced today, from the estimate of the R number and of infectious cases and from what SAGE and our own advisory group advise us. You need to see the impact of lockdown measures before you can decide to move to the next stage. Just as we saw the impact going in, we need to see that going out, and that takes time. It takes two to three weeks to be able to measure that.

Our approach, I think, differs from what I observe of the UK Government's approach in that we are much more phased and planned, and we are resisting the pressure to make announcements between times because we do not consider that to be helpful in the public understanding of what we are doing. We require their compliance and co-operation and we have, to date, secured that to a significant degree. We would not want to squander that by not planning how we are going to release lockdown; in other words, having all the key stakeholders with us and the guidance ready so that, on the date that we say we are going to do X or Y, we are actually ready to do it on that date and deliver.

Q121 **Chair:** Lastly, and maybe this is one for Professor Leitch, when I have been down here I have been quite surprised at most of the debate in Westminster. It seems to be all about the 2-metre versus 1-metre rule and principles, and there is a question about the science to all of this. There was good news today in the conference, I believe, about the levels of infection across Scotland—and Professor Leitch can confirm this, perhaps—that our R rate is now between 0.6 and 0.8. Is there a feeling that we are starting to get through this? If we are starting to get through this, how do we continue to put the important message across in Scotland about staying at home and ensuring that we are keeping the community safe?

Professor Leitch: I think there is indication that we are, in your words, getting through it. There is also indication that we are not through it, and we need to be very cautiously optimistic. I think there are now green shoots of seeing the end of this first phase of the pandemic, but those of us giving the clinical and scientific advice to the decision makers—that is a very important distinction—are cautious but we are also relieved. I do not like celebrating fewer deaths. It does not feel like the right thing to do because every death is completely tragic. As the Cabinet Secretary said, there are families mourning people from deaths of this disease yesterday, not just two months ago, so we need to keep that in perspective.

However, it does appear that we are now in a position where we can advise Ministers and elected Members of Parliament that we are at a point where we can start moving through the lockdown phases. The nature of that moving will, of course, be up to their elected people. It will be up to the Cabinet, the First Minister and Ms Freeman. I am encouraged. The R number is in a good place. The number of hospital admissions, ICU admissions and deaths are all consistently and sustainably down, but we are five weeks into that, not five months into that. We need to be careful and proportionate to that data.

Q122 **John Lamont:** Thank you, Cabinet Secretary and Professor Leitch. Just a few questions from me. In Scotland, how many people who live and work in care homes have been tested for coronavirus?

Jeane Freeman: The figures that we published yesterday, if you just give me a moment to find them, were both the figures for the last week, the week ending 7 June, and the cumulative figure. That indicated that a total of 18,110 staff and 15,373 residents had been tested.

As I am sure you know, Mr Lamont, I have required our health boards—for those colleagues not from Scotland, I should just explain that our NHS is a single system and it works through our individual health boards to deliver our national policies—to produce a weekly plan that we scrutinise and then publish, which shows their planned testing in two main areas, first for all care home workers and, secondly, for residents in homes that have an active case.

Testing is a critical area in reducing the entry of the virus into care homes and its transmission, but it is not the only important area. Proper infection prevention and control, quality PPE, staff training and a sustainable staff rota are all important. That is where we are at this point. That data, I should just say, does not include all the data because there is validation work still to be done on data that we have received that will be published next week.

Q123 **John Lamont:** I am conscious that a lot of my colleagues wish to ask questions as well, so I would be grateful for shorter answers, if that is possible. Just to confirm, the vast majority of care workers have not been tested in Scotland?

Jeane Freeman: Not at this point, but you will recall that the policy to test all care workers is a relatively new policy. Up until that point, the testing was for residents and care workers in homes that had an active case.

Q124 **John Lamont:** But the vast majority of care workers in Scotland are not currently being tested.

Now moving on to testing generally, what proportion of the testing in Scotland has been undertaken by the UK mobile testing centres and what proportion has been carried out by other means?

Jeane Freeman: The significant proportion of the testing is in our NHS labs. You will know that we have scaled up from a February position of 350 tests per day in two labs in Scotland. Now all our mainland boards have laboratories, and our island boards do satellite testing. Our testing capacity at this point is just over 16,000. Lighthouse Labs, which is part of the UK Government's Lighthouse Labs programme, can test up to 20,000 a day, although neither they nor we are at full use of that capacity.

Q125 **John Lamont:** What proportion is carried out by the UK mobile testing centres at Glasgow airport, Edinburgh airport or the other locations? I think there is one in Galashiels in the Borders.

Jeane Freeman: Yes, I am quite happy to send you the detailed figure for this. These are the drive-through centres. From memory, the most recent figure was around 600 or so tests. That may have been yesterday or it may have been the day before, and we will, of course, send you the exact number.

Q126 **John Lamont:** Looking at my own constituency, Saltgreens care home in Eyemouth, with which you will be familiar, sadly has had eight deaths. It has been a difficult position for the family members and those affected by it in Eyemouth and the wider Berwickshire community. You will have seen the statement yesterday from the chief executive of Scottish Borders Council, where she said there were not enough tests to do even half of the care worker employees in the Borders. Do you think there are sufficient tests available in the Borders for the care workers?

Jeane Freeman: Yes, I do. Now we have increased access to the UK care portal, and our individual boards supplement that, I think we now have sufficient testing in each of the board areas to deliver on the policy of testing care home workers and, where it is appropriate, residents.

Q127 **John Lamont:** There were 22 tests carried out last week in the Borders. Do you think that is sufficient?

Jeane Freeman: No. That was not the first question you asked me, though, Mr Lamont.

John Lamont: No, but 22 care home staff were tested last week in the Borders.

Jeane Freeman: That would not be sufficient because I imagine that does not cover all care home workers in the Borders. The self-evident answer to that is no, that is not sufficient, which is why I have issued that requirement to our NHS boards, which are responsible for delivering this, to ensure that as we go forward from last week into this week and on, all care home workers are tested.

I should make the point that that is an iterative process. A negative test is, of course, of limited value. You need to keep repeating that, so our testing policy will be sustainable in the long term. I am not sure if that is the position elsewhere in the UK, but it certainly is in Scotland.

Q128 **John Lamont:** There is not much repetition with 22 tests taking place in the entirety of the Borders, that's for sure. You seem to be saying it is the responsibility of the health board and is nothing to do with you. Is that a fair reflection? It is not your responsibility, it is the health board's? That seems pretty shocking if you ask me.

Jeane Freeman: It would be if that had been what I said, Mr Lamont, but it is not what I said. What I said—and I am sure you know this—was that in Scotland, with our single National Health Service, our delivery mechanism for all health policies is through our individual boards. Boards, of course, have a responsibility. They are accountable to me for what they do, which is why I have now issued that requirement on them that that national policy is not open to local interpretation. It has to be delivered, and that is the work we are now doing. I should say that not all of our boards, strictly speaking, required that instruction from me, but not all of them were performing to the standard that I require.

Q129 **John Lamont:** Ultimately, the responsibility for testing rests with you?

Jeane Freeman: As indeed I am sure it rests with Mr Hancock, Mr Swann and Mr Gething.

John Lamont: I am sure they will answer for themselves. I was asking if you are responsible for the level of testing within the Borders. That is fine.

Q130 **Chair:** Cabinet Secretary, I have a testing facility at Perth College in the car park, and one of the mobile testing facilities visited Pitlochry recently. I think it was there for five days. It was really poor the amount of people who actually turned up to be tested. Is there anything more we can do to encourage people to use these facilities when they appear in their communities?

Jeane Freeman: There are two things in response to that, Mr Wishart. We have now reached agreement with the Army, which currently has responsibility for those mobile units, that we will make active use of them to support care home testing. The other side of that, of course, is that up until the introduction of test and protect—test and trace for England—what we were all saying to individuals who were symptomatic was to stay at home, to isolate there and, if their symptoms got worse, to contact the relevant health facilities. For us, that is NHS 24 and then our community Covid-19 assessment centres, which we stood up very quickly to respond to the pandemic.

The message to the public has now changed, so we need to continue to actively promote that message. The message is if you have symptoms, stay at home and immediately contact NHS 24 or the NHS inform website and book a test. That is how that triggers test and protect. That triggers contact tracing.

At this point, what we are seeing is a low level of transmission in Scotland, from the information that Professor Leitch just gave you, but a shift in the ask we are making of the Scottish public. That will require continued repeat

marketing and advertising, which Professor Leitch does, and continuing messaging through our daily media briefings and, of course, our colleagues in the Scottish Parliament.

Q131 **Alberto Costa:** Good afternoon, Cabinet Secretary, and good afternoon, Professor Leitch. Thank you for appearing before this House of Commons Select Committee. You have answered one or two of the questions that I was hoping to ask about your main ministerial contact in the UK Government. I think you confirmed that your main ministerial contact is the Secretary of State for Health. You also said that you speak with the Secretary of State for Health, along with your devolved peers, weekly. What is the nature of your conversations with the Secretary of State for Health and your devolved colleagues?

Jeane Freeman: By and large it is weekly, usually about 30 to 45 minutes. We have, I think, in every single one of those conversations discussed PPE. We have also discussed where we are respectively in our own approaches to testing and contact tracing: are we ready to launch it, how is it going, how have the first weeks gone, and so on. I have raised with the Secretary of State the decision taken by the Department for International Trade and others that the overseas network would not support the devolved Administrations in securing international orders for PPE, so we have raised that.

By and large, it is implementation issues, although we do also discuss where we are likely to be going in policy terms, for example, around shielding. We are not making shared decisions at that point, it is very much an exchange of information.

Q132 **Alberto Costa:** What do you think you as the responsible Minister for Scotland can do to better the relationship in respect of the discussions that you have with the Secretary of State for Health and your devolved colleagues? In particular, you are saying you have weekly conversations. Is that enough? Would you like to see more frequent conversations? What proposals have you put to the Secretary of State for Health to better the communication and discussion flow between the two Governments?

Jeane Freeman: I think those weekly calls are valuable for communication and discussion flow. What they are not are decision-making events. Very few officials join us and, in that sense, there is a degree to which those weekly interactions are valuable because they can be less formal and, in some instances, franker in that exchange.

I go back to my earlier point, and that is the absence of COBRA meeting, as it has not done since 10 May, and my concern around the disbanding of the ministerial implementation groups. There was the possibility of shared decision making for an alternative, but we are not yet clear what that alternative has been. My original point was that collaboration involves shared discussion and decision making. It does not involve the communication of announcements. I do not know why the ministerial implementation groups are to be disbanded. I do not know what is coming

in their stead. That is not my version of proper collaboration, which is based on a degree of shared respect, consultation and decision making.

Q133 **Alberto Costa:** Are you in a position as the responsible Scottish Minister to make suggestions to the Secretary of State for Health and your devolved colleagues on how you should proceed?

Jeane Freeman: Yes, I am.

Q134 **Alberto Costa:** What suggestions have you made or will you be making, given the comments you have made to this Committee?

Jeane Freeman: We have raised—not just I, but also Vaughan Gething from Wales—concern around the Department for International Trade's decision, for example, with respect to the support of the overseas network for devolved Administrations. We have asked about that, to have that explained and reinstated. We have also asked about the disbanding of the ministerial groups, what might come in their stead, and to have a discussion on that. On none of those have we yet had a response. To be fair, Mr Hancock is open in his responses to those, but we have not seen any conclusion or resolution to those requests.

Alberto Costa: I would hope for the sake of the people of the whole of the UK, particularly Scotland and England, that you improve the relationship by whatever positive means you can. I have no further questions. Thank you very much for answering those questions.

Q135 **Wendy Chamberlain:** Thank you, Cabinet Secretary and Professor Leitch, for appearing before us today. I want to go into a little more detail around what you have said about the ministerial implementation groups. When the Secretary of State for Scotland appeared before this Committee, he said that the JMC, the Joint Ministerial Committee, had not met during the pandemic and that the MIGs were meeting instead. Can I ask the last time the MIGs met? I think you are suggesting there is a bit of a vacuum, but what other collaboration or discussions, beyond the meeting with the Health Secretary, are currently taking place?

Jeane Freeman: It is disappointing that the JMC has not met. There is certainly a feeling on our part that it could fulfil a useful function. Again from memory, I think the last time the MIG for health met was two weeks ago. Again, I am happy to confirm whether or not my memory is accurate in that respect. There is currently a vacuum in terms of shared discussion and decision making at ministerial level. The First Minister, I understand, has had calls both with Michael Gove and with the Prime Minister, but there have been no forums at governmental level for that shared discussion, decision making and information exchange that you would have, for example, through COBRA.

Notwithstanding that, it still remains the case—Professor Leitch can add to this, because he has an involvement in these areas—there is significant interaction between the four chief medical officers. Of course, SAGE

continues to meet and, through Professor Morris and indeed our own CMO, we have an engagement with that scientific and clinical collaboration.

Professor Leitch: A couple of people have mentioned the clinical and scientific advice, and that, as far as possible, is done at a four-country level, clearly contextualised for the nations that we are employed to advise, but there are layers of that. Each of the professional groupings, such as the four chief nurses, talk often, in pandemic and out of pandemic. The four chief medical officers talk often. They are meeting in the evenings twice a week presently. Then we have a broader senior clinicians group with about 15 to 20 of us from the four countries. Public Health England, Public Health Scotland, the clinical directors of the system—Steve Powis in England and me—and the chief nurses and chief medical officers working together to try to make choices and decisions about the advice we are going to give.

Shielding is a good example. That group would look at which elements of shielding need to be adjusted or need to be added to, then there would be a smaller meeting to decide whether we should put, say, dialysis in the shielded group and then those decisions are made at an individual country level following that individual advice.

The other thing I would remind you of is that the clinical community is relatively small, and the critical care doctors tend to know each other. Below the layer of that senior executive leadership of the four countries, I know that the critical care lead from Lothian will speak to the critical care lead at Imperial College London to learn what was happening with ICU patients at the beginning of the pandemic. Equally, the WHO will hold that ring for all of us, so it will tell us what is happening in northern Italy or what is happening in southern Spain, and we will use that to help the advice we then give clinically both to our colleagues on the frontline and to the politicians who are making choices about lockdown, or whatever other element we are in during that phase of the pandemic. I think the clinical and scientific advice has been very well aligned and very well done.

Q136 **Wendy Chamberlain:** That is encouraging to hear. I suppose the concern for me is hearing that advice, when it has been given, there is potentially a disconnect. My understanding is that the MIGs met quite frequently. In fact, the Secretary of State for Scotland said they were meeting two or three a day when he gave evidence previously. I also understand that they are utilised in crisis situations and, obviously, we are moving forward in the pandemic. Cabinet Secretary, what is your view in terms of reconstituting the JMC, which should meet on a yearly basis? Indeed, one of its primary functions is to help manage disputes or, at least, divergences.

Jeane Freeman: We remain supportive of the JMC as a route for all that you have described. As I said, we understand that there are to be two committees established as a consequence of the MIGs being disbanded, but we do not know what those are and, therefore, we do not know how they might relate to the JMC, so I cannot give you a view at this point as

to what I might think would be the right route. I do not want to keep repeating myself, but I think COBRA has an important role and we should see COBRA working effectively, because although we are moving through the initial significant phase of the pandemic, the point I want to keep stressing is that we are not out of this pandemic.

Of course we—and I imagine elsewhere in the UK—are looking ahead at what we need to do to minimise the risk of a second peak, especially as we move through the summer to autumn and winter, when other viruses will seasonally appear. Therefore, what do we need to do to anticipate, plan and use the benefit of the knowledge and understanding we now have of this particular virus over the past three to four months to assist us? That will come from our scientific and clinical advisers, of course, but we then need to take as collective a view of our approach as we possibly can.

Q137 **Mhairi Black:** My first questions are for Ms Freeman, and then I have a couple for Mr Leitch as well. Ms Freeman, what was the role of the Secretary of State for Scotland and the Scotland Office before this pandemic? What was the level of communication between the Scottish Government and the Scotland Office? What was the normal relationship like?

Jeane Freeman: I cannot comment on that, except to say that before, as Minister for Social Security, and now, as Cabinet Secretary for Health and Sport, I had no relationship in particular with the Secretary of State for Scotland. I met him on one occasion during the pandemic when Mr Hancock came to Scotland, as he also went to Wales and, I believe, Northern Ireland, and we had a late evening meeting at which Mr Jack was present. That is not to say that other parts of the Scottish Government did not have a relationship prior to the pandemic with the Secretary of State for Scotland, but in health we did not.

Q138 **Mhairi Black:** You touched on it there, but what has the level of support looked like post-pandemic, while we are living in it? What has that support looked like from the Scotland Office? Has any communication or support been offered?

Jeane Freeman: I have not received any communication from the Secretary of State. In normal times and on occasions during this pandemic, when it has been appropriate, any written communication I might have with Mr Hancock would also be copied to my colleagues in Wales and Northern Ireland and, depending on its subject matter, also to the Secretary of State for Scotland, but I am not aware and can recall no conversation or communication with Mr Jack. We did have a conversation at that Thursday evening meeting.

Q139 **Mhairi Black:** That is helpful. Moving across to you, Mr Leitch, from the medical perspective. Of course, in the last couple of months, we have seen different Governments trying to get a grasp on this pandemic, but we are now starting to see Governments diverge in different directions. Given the fact that all these Governments are presumably receiving the same medical

advice from the same kinds of bodies, is there any medical explanation as to why there are such different decisions being taken by Governments or is it just the reality that a political decision is happening?

Professor Leitch: There are two principal answers to your question. The first is that no country looks exactly like any other country, both from a geographic and demographic perspective and from the way they run their health service. The Cabinet Secretary has rightly described our health service as an integrated health and social care system. I do not say that from a judgmental perspective, it is just different from the Welsh health service; they organise themselves differently. Denmark organises itself differently, too. The nature of what you do as a country should vary according to the demographics you face, whether you have ferries and island communities and whether you have large sporting events, however you want to make those judgments.

However, on top of that, when we give the advice to the best of our ability, which unfortunately is not as exact as everybody would like, we cannot say, "If you do this, this will happen." We can say, "If you take this bucket of headroom" or whatever you want to call it—that is mixing metaphors a little bit, so let us presume we have some headroom to play with because we think the virus is suppressed—what you choose to use your headroom for is, rightly, a judgment for the politicians in each devolved and other Administration. We can give advice about things like when the Cabinet Secretary asks me, "What would you prioritise inside the National Health Service restarting?" That is a legitimate question and I would say, "Urgent cancer care, people in pain." That list kind of writes itself.

I do not think what the Cabinet Secretary and the First Minister choose to do about family get-togethers versus elite sport versus construction is my job. I think it is up to the elected officials of the nation, using our advice, to make those judgments. We can go some way to making those decisions easier, but in the end some of those judgments are for the elected Members of the country.

Q140 **Mhairi Black:** That is helpful. If you look back at the last couple of months when we have seen this divergence in messaging that seemed quite sudden and quite drastic overnight, moving from the fiasco with Dominic Cummings seemingly breaking the rules but then not breaking the rules, I want to ask you—I know this is a bit rich coming from a panel of politicians—to take the politics out of it and say from a medical side and from your medical experience, has how this has played out in the public had an impact on the Government's public messaging? Has this undermined it?

Professor Leitch: I am not going to discuss or describe the individual case, and you would not expect me to do so, of course. What I can tell you is that public messaging and public compliance are crucial inside a global pandemic. I think it is a balance. I think the population understands what we are telling them, so my job, along with the Cabinet Secretary and others, is to make that message as clear as we can to the people of

Scotland. I have occasionally appeared on UK-wide media, but in the main my role has been to try to make that messaging as clear as I can, along with the political communicators, inside our population.

Even when there have been occasions of travel, of people doing this or that, and the police have had to give out things on the beach or on the loch side, in the main they have been exceptional and on the edge. I think the population understands the messaging in all four countries and, in the main, have followed that guidance. I think the public is smart enough to listen to that messaging themselves, even if they are annoyed by the individual behaviours of their neighbours, of their friends or of those in the public eye.

Q141 **Chair:** I have to say, I particularly enjoy Professor Leitch's contributions to *Off the Ball* with Tam Cowan on a Saturday afternoon. I now always make a special point of listening to them, too.

Professor Leitch: The Cabinet Secretary listens to them with anxiety every week, Mr Wishart.

Chair: I bet she does.

Professor Leitch: She gets slightly concerned that it is the one place I am going to over-speak slightly.

Jeane Freeman: I absolutely do have that concern, I have to say.

Can I just make one point, Chair, on the back of Ms Black's question? That is the absolute importance of winning and, even more importantly, securing public trust in what you are asking them to do, because we would not be here—I can only speak for Scotland, but I think it does apply elsewhere—and we would not be at this point with our number looking the way it does, the numbers falling across some of the other key indicators, if the public had not paid attention to the key messages and what we were asking them to do. What we were asking them to do is seriously restrict their lives and change their lives, so it is their progress that has been secured.

Keeping that trust is important, and that is why it is so important to us that we publish as much data as we can and that we are as open as we can be in explaining our decisions and the approach we are taking, and in answering when things do not work as we want them to work and what we are going to do about that. That matters, because as we move through each step, I hope, in coming out of lockdown, we need the public to stay with us because we still have a virus and it needs to be suppressed.

Chair: There is a Division Bell going just now, but it is not a Division, so do not panic, anybody. It is just a break in proceedings so the Chamber can be reorganised for the next session, so that is what you are hearing in the background. It is just a normal day in Westminster.

Q142 **Deidre Brock:** It is sort of a follow-on to the issues around messaging.

There have been, at times, some quite distinctive differences between the devolved Administrations and the Westminster Government's approach to this, particularly when the Scottish Government did not align themselves with the Westminster Government's decision to move out of a stricter lockdown and shift their messaging from, "Stay at home" to, "Stay alert." Do you think those extra few weeks staying in lockdown and that stronger message in Scotland has maybe had this welcome impact on the R rate? How does that compare with what is happening elsewhere in the UK?

Jeane Freeman: With regard to the R rate and what is happening elsewhere in the UK, I will let Professor Leitch respond.

I would look at it the other way around. I think, by and large, Wales, Northern Ireland and Scotland have a very similar approach, have taken similar decisions at similar times and have held to that stay at home message, certainly for the first phase in moving out of lockdown. It remains really important and we were very clear about that, but each Government has to take, as Professor Leitch says, a judgment that they think is the right judgment for their situation and the population they serve.

It is absolutely the case that the scientific and clinical advice that comes through SAGE comes to us all. We have that very important additional element with our chief medical officers at the advisory group, chaired by Professor Morris, which then applies that advice where they believe it needs to be applied. In there, we have a very important contribution from Professor Reicher of St Andrews University on behavioural science, which is increasingly of value—that is not to diminish any of the other colleagues' value—as we need to understand how people hear messages and how they behave in response. Each individual Government, the politicians, then need to take that—it is the same, by and large, for each of the four nations—and make a judgment about what they think is the right thing to do.

Our judgment was that, in phase 1, stay at home remained a really important message. We needed people to do that. We increased the basis on which they could leave home, but essentially we still had them stay at home. I think Professor Leitch is right, there was some initial confusion on the part of the population about were they to stay alert or were they to stay at home. I think that was captured back, from our point of view, to what we needed them to do. I would say that our clear setting out of the rationale for our route map, what that means and how we go about determining the decisions that we take at each stage, has helped public engagement and compliance with what we are asking them to do. It is that that has helped to bring the virus level down to where it is today, as we published those figures. Elsewhere in the UK there are, indeed, variations.

Professor Leitch: There are variations, the Cabinet Secretary is absolutely right. The R number has taken on a kind of iconic status that it does not fully deserve. It is very important, but it is not the only important thing. The R number is reassuring now in Scotland and across the whole of the UK, to be fair, but in a population of 60 million you are going to have more variation than you are in a population of 5 million, so it does look as

though some regions of England have higher R numbers than others, and you can see the local responses. I do not know them well, but the local responses in Manchester appear to be slightly different from the local responses in London and the south-east, so you have to take the R number as one element of the data and information you get to make the advice palpable to the politicians for them to choose.

I think our messaging has been correct in Scotland. You would expect me to say that. The other thing we have done in Scotland is we have very clearly had political voices and clinical voices sharing that information with the public. We have done that deliberately. The politicians chose to do it, but when they chose to do it, it meant the chief medical officer, the chief nurse and I were prominent in telling the population, trying to get it across. Mr Wishart mentioned *Off the Ball*, which is part of the plan. It is a sports show on a Saturday afternoon that gets half a million people who do not watch Channel 4 news, so to try to get to that population, to get them that same messaging about staying at home, about looking after their kids, about how they might do that and about how they might protect themselves from this virus, has been important in Scotland.

I emphasise that we have underestimated the advice we receive from behavioural science as well as clinical science. They have taught us a great deal about how to message to young people, about what children need to know so they are not terrified but they are protected, and how to message to the group who are shielded, who are elderly, who are very nervous about leaving their homes. We have tried to take that behavioural science advice, layer it on to the clinical advice and then make judgments.

Q143 **Deidre Brock:** I have another two questions, and they are in fairly different areas. If I can turn to the very sad issue of Covid deaths in care homes in the UK, what difference is there in the rates of Covid between larger private care homes and the smaller public sector ones? If there is a difference, what might lie behind that?

Jeane Freeman: I do not believe, at this point, there is anything definitive on this, but there does appear to be some emerging indication that larger care homes have had more challenge and greater incidence of the virus than the smaller care homes. That is not about the nature of the provider, whether they are public or private. It appears to be about size, but as I say, that is an emerging indication, so I would not even call it evidence at this point. I think there are a number of areas in Scotland, about the landscape of social care provision, that the pandemic is highlighting for us.

Some of it is not new, if we are fair about that. I had a conversation this morning with the owner of Balhousie Care Group, a private sector provider, and he indicated his desire to be engaged in that conversation about what the future landscape of social care would look like in Scotland, how might we fund it, how might we regulate it, how might we get the balance right between the necessary infection prevention and control to protect residents, not just from this virus, but from seasonal flu, from winter

vomiting and so on, while still recognising that this is somebody's home and not a hospital ward. How do you balance that in a way that does both?

That is not straightforward, so the pandemic notwithstanding, there is a lot of thinking and discussion to have. We have said very clearly—I have said it very clearly as the Cabinet Secretary, but so has the First Minister—that we intend that discussion to happen. It is part of what we learned from this experience of the pandemic.

Q144 **Deidre Brock:** Lastly, I was wondering about the progress of the tracing app that the UK Government are piloting, which seems to be undergoing considerable teething problems. What involvement or oversight have the Scottish Government had in its development? Are you able to share that with us?

Jeane Freeman: Yes. We have not had any involvement in its development. What we have said is that, as it develops to a point where it is considered viable and the data flows are such that any data collected from those who download the app can flow into our data system and therefore inform, test and protect, we will want to consider how we might use it. At this point, I do not think the app's development is at that stage yet. I understand there are still issues to be resolved in terms of its operation and how it links into the contact tracing operation of Public Health England and NHS England. It is not on the immediate horizon would be my understanding of where we are.

Q145 **Deidre Brock:** Sorry, are you saying that the Scottish Government had no involvement in the further development of that tracing app? It has certainly been mentioned a lot by the UK Government, and I am surprised to hear that.

Jeane Freeman: We had an understanding of what it did, and respective officials had communication about, if it was to work for us, what would we need from it and how would the data flow and so on. In terms of its development and decisions—we are testing the boundaries of my technological understanding—whether or not it connected to Google or Apple and so on, all those issues around that, were not decisions or views that we were party to. We set out, if you like, the important principles in terms of confidentiality, its ethical use and data flows that would need to be addressed and answered for us to engage with it once it had proven itself, and even in its development to take account of all those issues. My understanding, at this point, is that there is further work to be done before it would be considered an active element of England's testing and contact tracing exercise. We are where we have been. If it gets to a point where it can answer those questions and it has that value, we will certainly use all the tools available to us to enhance our test and protect exercise.

Chair: Thank you. We will go over to Sally-Ann Hart, who looks as if she is in a House of Commons office.

Q146 **Sally-Ann Hart:** I am. Thank you, and hello to Cabinet Secretary Freeman and Professor Leitch. Before I go into my questions on scientific evidence,

I quickly want to pursue something about COBRA. Cabinet Secretary, you seem to be very concerned that there have not been any COBRA meetings since 10 May. Obviously that is quite concerning. I understand that COBRA is called to take urgent, rapid and effective decision-making and pursue such actions. Do you think Scotland is still in a situation where COBRA meetings are essential? Is that a worry to you?

Jeane Freeman: I think COBRA or a version thereof is essential.

Q147 **Sally-Ann Hart:** But not necessarily COBRA?

Jeane Freeman: That was what we operated with. If you think about the date, 10 May was before the first review date in terms of whether or not we moved from lockdown to any easing of that. It is a concern to me that we have gone so long, more than a month, without that, and we are coming to another review date with no indication that that will be stood up again. COBRA is the device that has worked and been used. In its absence, I think there needs to be an alternative that operates at that level. Its absence and then the disbanding of the MIGs, with all the other elements that I have already described, are matters of concern if we are to continue the four-nation collaborative approach at ministerial level across Governments. Notwithstanding my weekly conversations with Mr Hancock and other colleagues at governmental level, that four-nation—

Q148 **Sally-Ann Hart:** It is ministerial level, thank you for that. I am going to move over to the scientific evidence available. I understand that the Scottish Government, in addition to representatives on SAGE, have appointed their own Scottish Government Covid-19 advisory group. I want to know whether you read all the scientific evidence from that advisory group and how you use that to inform your policy decisions.

Jeane Freeman: I am sure Professor Leitch will want to contribute to this in terms of the scientific evidence and how that group operates. As I have already said, there are members of that group who also contribute to either SAGE, through Professor Morris or our chief medical officer, or to SPI-M and SPI-B, which I think are the two other groups that they are engaged in. They will take the various pieces of evidence that come in through those routes and attempt to reach a consensus view, and that is the view that will come to us as politicians.

In the case of our additional advisory group, that is looked at with particular relevance to the situation in Scotland. That is, as Professor Leitch has said, the circumstances of our geography, our island communities, the circumstances of our demography in terms of what our population looks like, and so on. The group gives us advice on, for example, areas of shielding or the test and protect programme and its importance, surveillance work in order to understand the prevalence and the nature of the virus in the community. They tend to do that. They have recently published a range of papers that they have produced, and we tend to do that by means of Zoom or a webinar, with the presentation of slides and information and a discussion with members of that group.

Q149 **Sally-Ann Hart:** When it comes to dissenting views, are they based on politics or science? How do you weigh up dissenting views?

Jeane Freeman: It depends what the dissenting views are on. If they are dissenting views on the science, Professor Morris is very good, as indeed is Professor Leitch and others, at pointing to where there may be another paper produced that does not have exactly the same position as the consensus approach that has been reached to help us understand that. Professor Devi Sridhar from Edinburgh University is also on our group.

In terms of decisions about whether or not we will ease the measures for those in the shielding group and, if so, in what way and how, those are exactly as Professor Leitch has said, judgments made either by individual Cabinet Secretaries in particular instances or collectively with our First Minister about what we think are the right things to do. We will go through an exercise that has begun and is looking ahead to the review date next Thursday and the decisions that we will make about any easing of more lockdown measures next week, setting dates for those and so on and so forth. That will be a collective decision by Cabinet, which will of course include our First Minister.

Q150 **Sally-Ann Hart:** When you are looking at the evidence on health, do you look at the economic evidence and the damage that is happening to society as a whole? Do you look at that evidence as well when you are making your decisions?

Jeane Freeman: Yes, absolutely. That is why I said it was a collective Cabinet decision. My colleagues Ms Hyslop, who is our Economic Secretary, Mr Matheson, responsible for transport, Ms Campbell from communities and others, and of course our Deputy First Minister—whose responsibility also includes preschool, primary school, secondary and higher and further education—all have perspectives about the impact of this virus on their areas of responsibility. That collective decision making is critical so we can try to get the balance.

I think earlier Professor Leitch talked about the headroom that has been created. It is not huge, but it is there, and the decision is effectively about what you are going to spend it on. That is about reaching a balanced view across all of those areas, mindful of what we describe as the non-Covid harms, of which there are non-Covid harms in health too, as well as in the economy and elsewhere.

Q151 **Sally-Ann Hart:** Do you put a particular weight on any particular aspect, whether it is economy, health, society? When you are looking at evidence and you are putting weight on evidence, which one is given the most weight?

Jeane Freeman: We do not weight it in that way. We are very clear that our primary responsibility to the population of Scotland is to take the steps that we consider necessary to save as many lives as we can, and that is our primary duty as a Government. That then takes you into consideration of economic harms, because we all know the impact of, for example,

poverty on a nation's health. These are difficult balancing decisions and judgments to reach, but we do not do it by some kind of different weighting to different areas, and it does depend and will continue to depend on where we are in the journey of suppressing and then managing the existence of the virus in our communities, which we will be doing until an effective vaccine is produced and we are able to use it.

Professor Leitch: I feel it appropriate to make some remarks about the complexity and volume of the science in this area. I have never known the scientific community globally to work at this pace and at this volume, so there has to be a filter. There has to be a filter for me, because I simply cannot read it all, then there has to be a filter for the Cabinet Secretary, for the First Minister and for other politicians around the world. I have members of my team who watch the WHO press conferences. I simply cannot watch every WHO press conference. We have to use some kind of filtering mechanism to take the 40 new publications per day that I get in an Excel spreadsheet at the end of each day and take what we want and need from them and feed that into the advisory groups, then to the Cabinet Secretary, then to the Cabinet.

It is important that politicians get a broad range of the science, but there has to be a filter mechanism, which is what SPI-M, SPI-B, SAGE and the CMO's advisory group in Scotland are attempting to do. That does not mean that I do not still get surprised when the Cabinet Secretary says, "Did you see what it said in the SPI-M minutes?" and I have to start paying attention again, because I did not think she was reading them. There have to be layers of advice, and the politicians have to be able to take that.

The second point is one the Cabinet Secretary has already made, which I would reinforce: in Scotland we are spending quite a lot of time with politicians explaining the science. In fact, we have one after this. We have one today on the serology of how this virus works. That is a fairly detailed clinical and scientific tutorial with scientists, clinicians and politicians to understand how the deep serology of this works. I can tell you that the First Minister and the present Cabinet Secretary are slightly more interested in that than I expected them to be. That has to be helpful, if we can all learn as much as we can about this. That does not take away the necessity for the question you just asked about, "What do we do about construction or business or the economy?" but the more understanding we have of the clinical science behind this, the better those decisions will be.

Jeane Freeman: Of course, there are other advisers in the Scottish Government. We have a chief economic adviser and others who are all providing, from their professional expertise, advice to their Cabinet Secretaries that also takes account of the health advice. One of the things that Professor Leitch does is spend time with, for example, the Scottish Trades Union Congress, with sports bodies or with others in Government, making sure that, inasmuch as the health advice and the science is relevant to their area, they understand what that is and can take account of it as

they work out, for example, how we would restart the economy and what would be the right safety measures to require.

We have seen that, I think, in the construction industry's five-stage plan for a restart. Today they move into the second of those stages because, as an industry body with all those businesses and companies and their unions, they have worked through the first of their stages to get to a point where they are now safe and can move into the next part.

Chair: Thank you, Cabinet Secretary. I am conscious that I want to let you guys away by 4 o'clock because I know how busy you all are. I am going to come across to Andrew Bowie, who has done us a favour by issuing a press release in advance of this session detailing his questions, possibly reasonably. They are not particularly charitable towards you, Cabinet Secretary, but I will leave Andrew Bowie to give us the questions he has already released as a press release.

Q152 **Andrew Bowie:** I always like to be helpful, as you are well aware. Cabinet Secretary, the Common Weal think tank has described the impact of coronavirus on care homes as an "unmitigated disaster" and the "single biggest failing of devolution." Do you agree?

Jeane Freeman: No, I do not agree with Common Weal. I think that we took the steps that we took in terms of care homes, going right back to the beginning of March, based on the information and the evidence we had at that time. Many of the steps we took were, in fact, common across the four nations of the UK regarding, for example, discharging patients to care homes, although the majority did go home. That is not the view I would take. That is not to say that I do not think, with hindsight, there are lessons to be learned and decisions that were made at the time that I would not necessarily make now.

The other point I would make is that from the outset we have said—both the First Minister and I, and other Cabinet colleagues—that in dealing with this pandemic, the unprecedented health crisis that our countries face, is not a place for normal party politics. Party politics cannot be in this space.

Q153 **Andrew Bowie:** I agree, which is why I was quoting the Common Weal think tank, which I do not think is a think tank that Conservative politicians go to incredibly often for evidence.

You suggest that lessons should be learned from the circumstance. I would suggest that that is a bit of an understatement. How many Covid-19 deaths in Scotland have occurred in care homes?

Jeane Freeman: I do not have those figures to hand but, as you know, we publish through National Records of Scotland weekly detailed data on the number of registered deaths in Scotland. What I recall from yesterday's publication is that, thankfully, the number of deaths in care homes, as elsewhere, is declining. That is a positive step. It is an indicator of the hard work of care home workers and of the additional measures that we have put in place since 13 March and incrementally ever since, although it is

important for me to say that none of that diminishes the loss and the heartache that has been caused to relatives of those who have died.

Q154 **Andrew Bowie:** Absolutely. I think this was published earlier: 1,818 Covid-19 deaths in Scotland have been in care homes, as opposed to 1,815 in hospitals. That is 48% of all deaths in Scotland as a result of Covid-19 coming in a care home setting, more than in a hospital setting. Do you regret the decision to send 1,431 residents from hospitals into care homes?

Jeane Freeman: The thing to understand about what we did there, and what we have always done in terms of discharging patients from hospital to care homes, is that the first and most important thing that should happen pre-pandemic and during the pandemic, covered in our guidance, is the clinical assessment on the part of the hospital and the care home about the appropriate place for someone to go, remembering that the people we are talking about no longer clinically require to be in hospital. As we know, for older people, in particular, the longer you stay in hospital past the point where you need hospital-based treatment, the greater you risk damage through muscle wastage, to cognitive ability and to a range of other important health measures. That should always happen, and it has happened during the pandemic.

In addition, the guidance issued to care homes on 13 March set out very clearly what we required from them in order to take particular measures to address the risk of the virus. First of all, a significant reduction in communal activities—no communal dining, no communal socialisation—a significant reduction in visitors, except for particular cases such as end-of-life care and dementia care, and the implementation of infection, prevention and control measures, which they should be providing in normal course from that national manual. That guidance has been updated subsequently. We have introduced much stronger support from our primary care and clinical teams in the community to support care homes. We have taken additional steps in terms of financial resourcing, and of course from 19 March we stepped in to provide PPE direct to care homes in circumstances where their own supply chains were failing as a result of the global demand.

Q155 **Andrew Bowie:** I listened intently to that, but 1,818 deaths in a care home setting is a shameful statistic. Of the 1,431 patients discharged from hospitals back to care home settings, are we able to say yet how many of them were tested before they were sent back?

Jeane Freeman: I am not convinced, with respect, Mr Bowie, that you did listen intently but, in terms of your second question, that work is underway. When we have that data and it is validated, we will publish it.

Q156 **Andrew Bowie:** Thank you very much. As you said, Cabinet Secretary, lessons to be learned there. Given that only 36% of care home staff at present are being tested across Scotland, why has it taken until the last few days, as you said earlier, to come to an agreement with the Army about using mobile testing centres for care home workers? Surely we

should have been looking at doing this weeks, months ago.

Jeane Freeman: Mobile testing units were being used for other areas of testing. The decision has been taken to take testing to care homes, that those mobile units are best used in that area. That is now what is underway.

Andrew Bowie: Thank you, Cabinet Secretary. I will let other people ask questions.

Chair: It is also worth nothing, because I know care homes come up as an issue for the Scottish Government quite regularly, in the space of a month 25,060 people were discharged from hospital into care homes without being routinely tested in England, so this is an issue that seems to be—

Andrew Bowie: Yes, Chair, I agree, but this is a Committee looking at Covid-19 and Scotland. We are not investigating what is happening in England.

Q157 **Chair:** I would just like to know the Cabinet Secretary's feelings on this one, because where there is heat in the debate down here, and we see this all the time, there is a general political consensus about the way forward. That seems to have totally broken down in Scotland. I note an almost daily request for you to resign by the Scottish Conservatives in the Scottish Parliament. Is this hampering your ability to do your core task as the Health Secretary in Scotland?

Jeane Freeman: No, it is not hampering my ability to do my core task, because I am absolutely determined to do that job and to continue to do it. I do regret it, though, because at the very outset on, from memory, 17 March, in a debate in the Scottish Parliament Chamber, the leader of the Scottish Conservatives, Jackson Carlaw, said very clearly—and his comments were very welcome—that this was not a place for party political point-making, it was not a place for pejorative rhetoric. I regret, inasmuch as that has shifted, that that is the shift, because I think we should recall that what we are doing here is addressing a global pandemic of a virus that is relatively new, that the scientists, the clinicians and undoubtedly the politicians are learning about all the time.

Those initial steps on delayed discharge were shared across the four nations. It is easy, and I understand it, to look back now, with the knowledge we have, at decisions that were made at the time with a different and lesser level of knowledge and say, "We should have done X or Y then" but we did not have hindsight when we made those decisions. What is, I hope, not in question is that any of the decisions that I have made as the Health Secretary or that the Scottish Government have made collectively have been made with anything other than the best of intent to do the best job we could with the information we had at the time.

Undoubtedly, as we go through this pandemic—and I hope we progressively go through to see its end—we learn lessons as we go, but there will be a time, in the fullness of time, for a proper review of all of those lessons to be learned, the mistakes that were made, what we should

have done, what we did do right, what we should have done better. That is important, and not just for scrutiny and public confidence; it is important for lessons to be learned to aid our policy-making and our thinking as we go into the future.

Chair: We know how hard you and all the Health Secretaries across the United Kingdom are working. It is just this unfortunate little feature that we have.

Q158 **Deidre Brock:** My question is about the discrepancies in reporting methods between particularly Scotland and England, but other countries in the world as well, that do not seem to be including unconfirmed possible Covid deaths. It seems, looking at the *Financial Times*, for example, and comments from ONS officials that the Scottish definition used to record Covid deaths is quite a lot wider than in the rest of the UK. Is that right?

Jeane Freeman: I believe that is right, but I think the main point here is to recognise that there are differences in recording methods and in definitions, not just within the UK, but within countries around the world, so you need to take account of that before you make absolute comparators and state with certainty that one country is doing better than another in any particular respect. You need to go below the headline figures to understand where might there be differences in recording or reporting, in time lags or in definitions. I have learned a very great deal, I have to say, in the five months and more that we have been addressing this.

I think it is important to recognise on the record that the Health Directorate in Scotland and my officials have been working on this for a very long time and working very hard to do that, but one of the many things I have learned is the importance of doing the detail and looking beneath headline figures to understand whether or not there is a discrepancy, whether there is a real difference or whether we simply do not know whether there is sufficient comparison to be able to make any kind of judgment.

Q159 **Deidre Brock:** Professor Leitch, is that something you might be able to comment on and perhaps outline some of the reasons for those discrepancies or at least the discrepancies themselves?

Professor Leitch: I know what happens in Scotland. You would have to ask the other countries' representatives to describe what happens there. We count every death that has Covid-19 mentioned anywhere on a death certificate. Death certificates are not simple documents. Forgive this shorthand: you may well die of a stroke but, at the same time, you may have asthma and Covid-19. If Covid-19 appears anywhere on that death certificate, you will be counted in the Covid-19 deaths. Every single death in this pandemic is completely tragic, but they are not all the same. Our clinical element of that is to try to learn as much as we possibly can from every death and the spread of the virus, and that is what we try to do.

My only other remark would be, in shorthand, to say that simplistic country comparisons are almost always wrong, whether you are comparing yourself with Italy, France or South Korea. Anywhere where you see a table with

deaths and one variable, they are almost always incorrect. As the Cabinet Secretary said, you have to truly understand what that country is doing, looks like and has done to get anywhere near country comparisons. I do not think we will know the nature of this global pandemic and its effect across global populations for months to come.

Q160 **Wendy Chamberlain:** My question is around the test and protect strategy that is now in place. We know the testing capacity in Scotland is about 15,000 a day, and we have already discussed how we encourage people, members of the public, to engage with that. Cabinet Secretary, we know of your commitment at the end of last month to test all care home workers on a weekly basis. Is the number of tests that are currently being carried out enough for the test and protect strategy to be effective?

Jeane Freeman: We only have one week's data of test and protect because, of course, it was stood up from 28 May. In terms of the number of tests that were positive and then triggered the contact tracing, that is a relatively low number: 681 in that first week. That is a relatively low number, but it is in part a reflection, I think, of two things. First of all, the virus level in Scotland is low, as evidenced by the R number that has been published and other indicators. Test and protect is there as your armour, if you like, to ease the lockdown. Lockdown suppresses the virus to a very low level. We need it to be lower than it currently is, but it suppresses it to a very low level.

You can then ease lockdown measures, but you use test and protect at that point to hunt down the virus and contain it. That is its job, through contact tracing and people isolating, so you are doing it in groups of cases or individual cases to prevent onward transmission. That is the point, and it is there as a critical element in order to ease lockdown and allow more movement by people, more contact between people, recognising that that carries a risk. It is not there on its own, it sits with other measures like the 2-metre distance and the wearing of face coverings, hand washing and all of those important public health messages.

At this point, I think it is low as a reflector of where the prevalence of the virus is in the community, the progress made through lockdown. I also think, as I said earlier, there is more for us to do in the messaging that we are putting out to the Scottish public, which is different from what it has been. Now we are saying that if you have symptoms at all, do not wait to see if you are a wee bit better tomorrow, get that test booked and let us take it from there.

Q161 **Wendy Chamberlain:** You mentioned the Public Health Scotland report with the first figures around test and trace, and that was kindly circulated to us all as Committee members. What I noticed in that is the summary, which still states that we believe that the first case in Scotland was a positive case in Tayside on 1 March. Given that we have obviously had discussions around the outbreak in Edinburgh and the fact that there seems to be a general acceptance that Covid was circulating in the community prior to then, is it still the Government's position that 1 March was that

first case?

Jeane Freeman: 1 March is the first case that was reported to us. Jason and I are about to go into an interesting conversation with scientists around the serology. You will have seen the Glasgow University report that essentially looks at how you trace the strains of the virus, the kind of family tree of the virus. It did that for the strain that was present from the Nike conference and it shows very clearly, I think, that the response of health protection teams, the national incident management report response and the contact tracing that was done successfully ended that particular strain. That did not end—

Q162 **Wendy Chamberlain:** Do we accept it was there in February? That is what I am asking.

Jeane Freeman: That is what they indicate, but at that point no cases were known to us. The first case was the case that you referred to.

Wendy Chamberlain: Thank you, Cabinet Secretary. Thank you, Chair, for letting me come in again.

Q163 **Chair:** My pleasure. One last question from me, because I know you guys have to get away. It is about this new Joint Biosecurity Centre, and maybe this is more for you, Professor Leitch. What is Scotland's relationship to this, and what value do you place on its activities? What do you think it is going to contribute to the ongoing debate?

Professor Leitch: Anything that helps us with intelligence gathering, with intelligence sharing in a safe way and making more intelligent and data-evidence-based choices about how to move through the stages of this pandemic is welcome. We have been peripherally involved in the decision making around that UK Government-based theme. A bit like the tracing app, I think it is fair to say that the Cabinet Secretary and I would be of a mind that if it were useful, if it fed into our data systems and our data systems could feed into it, and if we were comfortable with both the security and privacy of it, we would of course engage in it. It is important.

A bit like the tracing app, we do not require it. We have our own level of intelligence gathering; our chief statistician sends out modelling data once a week. We have layers of data gathering and data intelligence that we can use for Scotland. However, if the WHO created a global database of coronavirus cases and information, of course we would engage in that process, if it were safe to do so. Equally, if the UK Government decides to do that with this Joint Biosecurity Centre and we can engage in that safely, and if that adds intelligence to our decision making, then my advice will be to engage in it, but I do not think all of those criteria are yet met.

Chair: Thank you both ever so much—a fascinating session—and thank you for answering all our questions so fully and comprehensively. I think there are a couple of outstanding issues that we might get back to you about, but for today, thank you for your involvement and participation.