

PARLIAMENTARY QUESTIONS ON COVID-19 AND ANSWERS BY THE SCOTTISH GOVERNMENT

Friday 23 October 2020

Written questions lodged on 23 October can be found on page 21 of this document.

ANSWERS TO PARLIAMENTARY QUESTIONS (Received on 23 October)

Government Initiated Question

George Adam (Paisley) (Scottish National Party): To ask the Scottish Government whether it will provide more information regarding its response to the next stage of managing COVID-19.

S5W-32744

John Swinney: The Scottish Government has today published COVID-19: Scotland's Strategic Framework. This new Strategic Framework sets out how we will work to suppress the virus and sets out our proposal to move to a strategic approach to outbreak management based on five levels of protection, each with graduated packages of measures to reduce transmission of the virus, that can be applied locally or nationally, according to the evolving patterns of infection and transmission. We will engage with Parliament on the detail of the framework, and put this to a debate and vote next week.

Ministerial portfolio: Economy, Fair Work and Culture

Miles Briggs (Lothian) (Scottish Conservatives and Unionist Party): To ask the Scottish Government how much it has allocated to the arts sector from the Barnett consequential arisings from the culture rescue fund that was announced by the UK Government in July 2020.

S5W-32425

Fiona Hyslop: We have announced dedicated support for the culture and heritage sectors of £96.47m, comprising:

- £12.5 million for Performing Arts Events Venues Relief Fund (added to £10 million already made available by the Scottish Government, announced 3 July and fully distributed)
- £2.2 million for Grassroots Music Venues (10/07)
- £4 million for Museums Recovery and Resilience Fund (25/07)
- £10 million for the Events sector (26/07)
- £3.8 million for National Trust for Scotland to protect jobs (16/08)
- £15 million for a Culture Organisations and Venues Recovery Fund (28/08)
- £21.3 million for Historic Environment Scotland (28/08)
- £5.9 million to support heritage organisations (28/08)

- £270,000 for the New Lanark Trust (28/08)
- £5 million to address hardship faced by creative freelancers (28/08)
- £5 million to support artists developing new creative work that will make a significant contribution to Scotland's recovery from Covid-19 (28/08)
- £3.5 million for independent cinemas (28/08)
- £3 million of youth arts, including the Youth Music Initiative (28/08)
- £4 million for historic environment sector recovery (17/09)
- £1 million to support Scotland's Science Centres (17/09)

Further announcements will be made shortly for the remaining funds available from the £107m which the Scottish Government has allocated to the culture and heritage sector. This may include the options of supplementing some of the funding already announced. We are in close dialogue with the culture sector to ascertain their needs so we can respond accordingly.

Ministerial portfolio: Education and Skills

Alex Rowley (Mid Scotland and Fife) (Scottish Labour): To ask the Scottish Government how many school pupils (a) have tested positive for and (b) are self-isolating from COVID-19 following an outbreak at their school.

S5W-32587

John Swinney: The latest information on the number of school pupils who are not in school due to a Covid-19 related sickness (this is pupils who have either been displaying symptoms of Covid-19 or have tested positive for Covid-19) can be found here:

<https://public.tableau.com/profile/sg.eas.learninganalysis#!/vizhome/COVID19-SchoolsandChildcareInformation/Introduction>

This link also contains information on the number of school pupils not in school because they are self isolating due to Covid-19 related reasons. It is not possible to determine whether these are as a result of an outbreak at their school or due to other contact with people who have tested positive for Covid-19.

Useful information from Public Health Scotland can also be found on the weekly Infographic, published here. This includes information on positive tests by age group. <https://www.gov.scot/publications/covid-19-education-recovery-group-children-and-young-people-infographic/>

Patrick Harvie (Glasgow) (Scottish Green Party): To ask the Scottish Government what its position is on whether physical distancing is possible in all schools that are operating at full capacity.

S5W-32358

John Swinney: Implementation of the agreed school reopening guidance is the responsibility of local authorities and schools, working closely with their school communities.

As a precautionary approach, our guidance recommends that distancing is maintained where possible between young people in secondary schools, provided that does not introduce capacity constraints and prevent attendance. This is a proportionate, risk-based approach, that goes further than the current scientific advice on school reopening requires.

We also required risk assessments to be carried out in individual schools in relation to the guidance. We would expect those assessments to consider capacity issues within individual schools, and any impact on the ability of adults and young people to maintain physical distancing.

Alex Cole-Hamilton (Edinburgh Western) (Scottish Liberal Democrats): To ask the Scottish Government for what reason extra-curricular sports at schools, such as football, are unable to resume.

S5W-32320

John Swinney: It is not the case that extra-curricular sports at schools, such as football, are unable to resume.

The Guidance on preparing for the start of the new school term in August 2020 emphasises the importance of the provision of activities and clubs outside the usual school timetable for wider health and development of children and young people and states that: “they can be conducted subject to following the guidance set out in this note, and guidance for the general public where applicable. Schools should consider the need for out of hours cleaning when scheduling activities”.

Ministerial portfolio: Health and Sport

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government, in light of surgical type two face masks not being sealed respirator masks, on what basis these have been directed to be distributed as PPE for nurses to wear when treating diagnosed or suspected COVID-19 patients in isolated rooms.

S5W-32264

Jeane Freeman: COVID-19 is predominantly spread by the droplet and contact route. Fluid Resistant (Type IIR) Surgical Mask (FRSM) offer the correct level of respiratory protection for staff when caring for a patient who is suspected or confirmed COVID-19 positive.

In Scotland, we use Fluid Resistant Surgical Masks (FRSM), also known as Type IIR masks, which are different from Type II in that they provide protection for the staff member as well as 98% source control.

We are the only nation in the UK who have taken the approach in using FRSMs as part of the extended facemask use guidance for health and social care staff.

The Scottish Government holds a regular forum with a range of stakeholders including staff side representation which provides an opportunity for any issues with regard to PPE to be raised. In addition we also respond directly to correspondence received from both individuals and organisations.

Monica Lennon (Central Scotland) (Scottish Labour): To ask the Scottish Government what COVID-19 testing facilities are available (a) at higher and further education institutions and (b) near student accommodation, and what plans it has to prioritise mobile testing units for these locations.

S5W-32035

Jeane Freeman: I refer the member to the answer to question S5W-32033 on 23 October 2020. All answers to written Parliamentary Questions are available on the Parliament's website, the search facility for which can be found at <http://www.parliament.scot/parliamentarybusiness/28877.aspx>

Monica Lennon (Central Scotland) (Scottish Labour): To ask the Scottish Government how many walk-in COVID-19 testing centres it plans to establish, broken down by location.

S5W-32033

Jeane Freeman: We plan to establish at least 22 Local Test Sites. Sites in St Andrews, Glasgow city centre, west Glasgow, Aberdeen, Edinburgh, West Dunbartonshire, Stirling, Dundee, west Edinburgh, Inverness and Inverclyde are operational. We have worked closely with universities, health boards and local authorities to deliver these local test sites.

We have committed to delivering a further 11 sites by winter, and are working with our partners to identify further site locations. Decisions on where to plan sites will take into account the overall national test site landscape and local area needs, including:

- high population density,
- low car ownership,
- higher deprivation,
- whether those in rural areas can access tests,
- distance from regional testing centres and mobile testing units,
- whether areas are not covered by home test kit delivery and pick up, and,
- higher positive test rates.

Monica Lennon (Central Scotland) (Scottish Labour): To ask the Scottish Government what use it has made or plans to make of laboratory testing capacity for

PCR COVID-19 tests in (a) university and (b) private laboratories, and what the associated costs are.

S5W-32032

Jeane Freeman: A number of university and private laboratories were used to bolster testing capacity as we undertook our initial response to the pandemic. Since the start of the outbreak we have significantly increased our NHS testing capacity from 350 tests per day to a maximum weekday capacity of more than 10,000 tests.

A number of university and private laboratories remain part of the contingency plans for increasing testing if required. However, our focus is to ensure we increase NHS capacity. We will soon be able to activate 3 Regional Hubs – 3 large labs across Scotland – which will significantly increase our NHS lab capacity.

The forecasted spend in relation to university and private labs for Covid-19 testing is currently £12.5 million for this year. As this is a forecast, this figure is subject to change.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government, further to the answer to question S5W-31461 by Jeane Freeman on 10 September 2020, whether it will provide the information that was requested regarding on what date the First Minister was made aware that patients were being transferred from hospitals to care homes without being tested for COVID-19.

S5W-31722

Jeane Freeman: As explained in the answer to S5W-31461 and subsequently in the media, prior to the Sunday Post article neither Scottish Minister or Government officials had information on the testing status of patients prior to discharge.

Throughout the pandemic our guidance has been regularly updated, based on the best clinical evidence available at the time. On 13 March guidance was explicit that steps that should be taken to ensure that individual patients were screened clinically to ensure that people at risk were not transferred inappropriately. Decisions regarding readiness for discharge, and the care required after discharge are for the clinician and multi-disciplinary team caring for the patient to make.

Publish Health Scotland have been working to bring this information together and will publish validated statistics shortly.

Alison Johnstone (Lothian) (Scottish Green Party): To ask the Scottish Government, in light of the increase in respiratory infections and illness in the winter, how it will ensure that adequate COVID-19 testing is available in the coming months.

S5W-31407

Jeane Freeman: Demand for testing will fluctuate for a range of reasons. With winter pressures on the testing system in mind, we have been taking forward plans to expand existing capacity by:

- Deploying additional mobile testing units
- Increasing the number of tests that can be carried out at regional testing centres
- Utilising additional NHS testing capacity, for example by activating additional drive-through facilities
- Establishing 22 new walk-through centres across Scotland.

Sites in St Andrews, Glasgow city centre, west Glasgow, Aberdeen, Edinburgh, West Dunbartonshire and Stirling have started testing. Sites in Dundee, west Edinburgh, Inverness and Inverclyde are now open. We are engaging closely with universities, health boards and local authorities to deliver these local test sites.

This means 11 sites are scheduled to open by the end of October. We have committed to delivering a further 11 sites by winter, with a total of at least 22, and are working with our partners to identify further site locations.

In addition to this, we have in place contingency plans to provide further capacity to cope with surges in demand.

On 17 August we published our updated Testing Strategy. This makes clear that our overall priority at this stage of the management of the disease is rapid identification and testing of people with symptoms. It is important for members of the public to understand when they should book a test: NHS Inform has clear advice about this, including a self-help guide. People should only book a test, either for themselves or for a family member, if they have been contacted and asked to do so by the Test and Protect team, or have one of the COVID symptoms: a new persistent cough, a fever, or a loss of or change in their sense of taste or smell.

However, as the First Minister set out in parliament last week, in light of increasing prevalence of COVID-19 in the community we are conducting a further review of our testing strategy, and the clinical paper to support this was published today.

Jackie Baillie (Dumbarton) (Scottish Labour): To ask the Scottish Government for what reason NHS Greater Glasgow and Clyde has reportedly decided not to replace the role of lead infection control nurse at the Gartnavel campus in Glasgow.

S5W-31041

Jeane Freeman: The Scottish Government is not normally involved in the direct recruitment of frontline staff within NHS Scotland Boards, however NHS Greater Glasgow and Clyde are currently escalated to Level 4 meaning that Scottish Government has in place advanced monitoring and oversight. The Oversight Board are aware that NHS Greater Glasgow and Clyde, as part of a proposed service redesign to maximise the capacity and capability of the Infection Prevention and Control Team, were appropriately planning to reconfigure the service.

As part of the proposed service redesign the vacant Lead Nurse post at Gartnavel Royal Hospital would be re-profiled and the funding utilised to recruit three additional new Infection Prevention and Control (IPC) support workers. As part of the new model, there will continue to be an Infection Control Nurse (ICN) on site at Gartnavel and the site also will continue to have access to a Greater Glasgow and Clyde Lead IPCN.

However, due to the service pressures from the COVID-19 response, NHS Greater Glasgow and Clyde have since confirmed that the proposed service redesign is currently paused. The current Lead IPC Nurse role at the Gartnavel Royal Hospital has since been backfilled by a GGC Nurse Consultant for Infection Control, and there has not been any reduction in IPC services at this site.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government how much additional funding has been given to respiratory services since the start of the COVID-19 pandemic.

S5W-32410

Jeane Freeman: The Scottish Government has confirmed additional funding of £1.1 billion to support the health and social care sector in its response to the COVID-19 pandemic. This funding announcement provides support for the additional costs reported by Boards in responding to COVID-19, including additional staffing and equipment costs included in Local Mobilisation Plans. Detail on how this funding has been used to specifically support respiratory services, and to supplement existing baseline spend on respiratory services, would require to be requested from NHS Boards.

Detail on funding for each NHS Board area is set out in response to question S5W-32107 on 29 September 2020. Further funding will be made available in the coming months following our ongoing reviews of financial implications across the sector.

All answers to written Parliamentary Questions are available on the Parliament's website, the search facility for which can be found at <http://www.parliament.scot/parliamentarybusiness/28877.aspx>

Stuart McMillan (Greenock and Inverclyde) (Scottish National Party): To ask the Scottish Government for what reason the most recent COVID-19 restrictions are based on NHS board area, rather than local authority area, in light of this approach resulting in Inverclyde being included in the strictest restrictions despite it having a lower infection rate than other areas that are not included.

S5W-32384

Jeane Freeman: The geographical extent of the current measures for the Central Belt of Scotland, which include Inverclyde, is based on clinical judgement, not only of incidence and prevalence, but also of the resilience and workload of public health

teams. The Scottish Government considers that Health Boards are the appropriate administrative unit to form the basis of the geographic extent for this reason.

In terms of infection rates within Inverclyde, as well as looking at the levels of confirmed cases per 100,000 people at any given day, it is also important to look at the pace of change in confirmed cases. Two days before the announcement from the First Minister on 7 October, the rate of cases in the last week per 100,000 in Inverclyde was 44. This rate had doubled since the previous week. What was also clear is that there was evidence of the movement of cases between neighbouring areas. As such, the neighbouring areas to Inverclyde had cases significantly higher at the start of October.

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government what rate of cycles Scotland's polymerase chain reaction tests for COVID-19 are being run at, and for what reason they are being run at this rate.

S5W-32366

Jeane Freeman: PCR cycles vary from one platform to another depending on the exact PCR protocol being used. There is no uniform "rate of cycles Scotland's polymerase chain reaction tests for Covid-19 are being run at".

Beatrice Wishart (Shetland Islands) (Scottish Liberal Democrats): To ask the Scottish Government, further to the answer to question S5W-31840 by Jeane Freeman on 28 September 2020, whether it has engaged with any third sector organisations in the design of its branded physical and digital face covering exemption card.

S5W-32318

Jeane Freeman: The Scottish Government has engaged with several organisations regarding the creation of a physical and digital government produced face covering exemption card, particularly those from third sector organisations.

The exemption card will be branded with the NHS Scotland and Healthier Scotland logo and produced under the FACTS campaign.

The exemption card will be accessible to the public as soon as practically possible; the card will be accessible through a third sector organisation via a helpline or online contact form.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government whether it agreed to pay for additional care home places purchased by health and social care partnerships (HSCP) between March and June 2020; if so, how much it paid for these places, broken down by HSCP area; whether it is still paying for additional places; for how long it (a) has paid and (b) will continue to pay for them, and how the places will be funded in the longer term.

S5W-32315

Jeane Freeman: The Scottish Government is committed to providing the necessary funding across health and care services to recognise the additional costs of responding to COVID-19, to support remobilisation of services, and to ensure that safety remains the top priority at all times. To date over £150 million has been allocated to Health and Social Care partnerships (HSCPs) for social care as part of our additional COVID funding. This has been used by HSCPs to deal with all of the financial implications of the pandemic, including additional care home places and to support care home providers for reduced occupancy levels.

We have also committed to provide additional funding where required following further review in November.

The following table provides information on how social care funding to date has been allocated by Scottish Government to Health Boards who in turn distribute this onwards to HSCPs based on local agreement.

NHS Board Area	£ million
Ayrshire and Arran	8.034
Borders	1.401
Dumfries and Galloway	4.557
Fife	9.310
Forth Valley	7.244
Grampian	11.666
Greater Glasgow and Clyde	49.692
Highland	7.210
Lanarkshire	19.526
Lothian	17.759
Orkney	0.648
Shetland	0.274
Tayside	13.909
Western Isles	0.399
Total	151.630

Jackie Baillie (Dumbarton) (Scottish Labour): To ask the Scottish Government what plans it has to open clinics for people who are experiencing long-term effects from COVID-19.

S5W-32297

Jeane Freeman: We are closely monitoring the emerging evidence about the longer-term physical and mental health impacts of COVID-19 and recognise that rehabilitation, clinical input and research are all critical to understanding and supporting recovery.

That is why on 5 October the Chief Scientist Office launched a further call for Scottish-led research into this important issue. This is in addition to the £5m we

recently awarded to 15 Scottish research institutions to better understand the effects of COVID-19 and inform treatment and management of the virus. We have published a Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic, which puts in place clear principles, priorities and objectives to support planning to meet increasing demand and to provide high quality person-centred rehabilitation in different settings.

Our NHS is following best practice for treatment options to support the management of COVID-19, which suggests using the knowledge and expertise already within our NHS to deliver care tailored to individual need across a wide range of specialisms.

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government what the absence rate has been for NHS staff who have been wearing (a) a surgical type two, (b) an FFP2 and (c) FFP3 face mask when treating people with COVID-19.

S5W-32281

Jeane Freeman: The Scottish Government has collected, monitored and published data on NHS staff absences since the outbreak of this pandemic. Data is continually collated from Health Boards on overall absences in the NHS workforce, as well as on the number and rate of absences associated with Covid-19. Covid-19-related absences are recorded on staff displaying symptoms, self-isolating, confirmed to have Covid-19, Covid-19-related caring responsibilities and those contacted by tracers and told to isolate for 14 days.

For the week 30 September – 6 October 2020, a daily average of 1.0% of the workforce were recorded absent for reasons related to Covid-19. The rate of Covid-19 related absence has been steady and decreasing in recent months, with a rate below 2% since late July and below 4% since early May. We will continue to pay close attention to staff absence data in the coming months.

This data does not include whether NHS staff have been wearing (a) a surgical type two, (b) FFP2 and (c) FFP3 face masks when treating people with Covid-19.

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government what the cost is of (a) a surgical type two, (b) an FFP2 and (c) FFP3 face mask, and whether this is a factor in determining whether to distribute this type of equipment to NHS staff.

S5W-32279

Jeane Freeman: Decisions on which type of PPE to use in different settings are based on clinical guidance, and as an employer the NHS is, under health and safety law, responsible for the protection of its staff. No price has never ever been used as a factor in deciding what product is to be issued.

The cost of PPE varies according to the negotiated cost of purchase on the market. The current cost of a single mask of each type is as follows:

- a) Type IIR mask: £0.16 (July 2020 onwards) – £0.70 (March/April 2020)
- b) FFP2 mask (these are not used per guidance, and no longer purchased): £0.98 - £3.00 (March 2020)
- c) FFP3 respirator masks: £1.85 - £6.00 (March 2020 to July 2020, prices are now near £2.00)

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government what information it has regarding how many PPE items have had their expiry date changed since the start of the COVID-19 outbreak, broken down by the (a) type of product and (b) (i) original and (ii) revised expiry date.

S5W-32277

Jeane Freeman: Details are as follows:

Product	Manufacturer	Original expiry date	Revised expiry date	Approx. Quantity
FFP3 respirators	3M	2016	March 2021	1,772,189
FFP3 respirators	Alpha Solway	2012	March 2021	106,776

Source: NHS NSS

Two groups of FFP3 respirators have been tested and revalidated as part of UK-wide laboratory testing, organised by the Department for Health and Social Care. In March 2020, tests show the FFP3 respirators in question still complied with the EN149 standard, which is endorsed by the Health & Safety Executive (HSE), the British Medical Association (BMA) and the Academy of Medical Royal Colleges and Faculties Scotland.

Revalidating stock and thereby extending the shelf-life of masks is standard practice to ensure supply of critical equipment to front line staff during crises. All revalidated PPE is required to meet the same standards and subjected to the same tests as equipment that is being tested for the first time.

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government what guidance has been issued to NHS boards regarding the laundering of uniforms that may have been exposed to COVID-19, and what steps have been taken to ensure that staff are not expected to take potentially-infected items home for laundering.

S5W-32273

Jeane Freeman: Health Protection Scotland (HPS) has published guidance on infection control, and this has been included in our updated uniforms and home laundering guidance. This will continue to be kept under review and necessary changes may be made dependent on new evidence.

Health Facilities Scotland has advised that NHS laundry services have enough capacity to meet current demands. This situation is being monitored and planning has been done to ensure capacity can be increased if needed.

Alison Johnstone (Lothian) (Scottish Green Party): To ask the Scottish Government what community support is available to people recovering from COVID-19 within each NHS board.

S5W-32231

Jeane Freeman: The Scottish Government does not hold information on community support available to people recovering from COVID-19 within each NHS board.

The Scottish Government recognises the importance of a consistent approach being taken forward in the community to support people recovering from COVID-19 across Scotland. That is why in the Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic includes a priority “to work closely with partner agencies to ensure a joined-up infrastructure of care supports rehabilitation approaches and is predicated on bolstering community care through the promotion of the hubs, which have been established in response to coronavirus (COVID-19)”.

The Framework can be found at the following link:

<https://www.gov.scot/publications/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/>

Mark Griffin (Central Scotland) (Scottish Labour): To ask the Scottish Government what the current guidance is for fathers and partners wishing to stay with the mother and their child in maternity wards after birth, and when it will next update the Coronavirus (COVID-19): hospital visiting guidance.

S5W-32204

Jeane Freeman: The hospital visiting guidance was updated on the 13 July 2020 and allows for women to have one birth partner present throughout their entire labour, and an additional birth partner if they wish and if local arrangements allow. One birth partner and another supportive person (restricted to one other person) can also visit the postnatal ward after delivery. One person can also accompany women to antenatal and postnatal appointments including clinic or scan appointments.

If there is an increase in Covid-19 cases in a certain area the decision may be taken to introduce further restrictions for a period of time in these areas. This means that hospital visiting may be restricted to ‘essential visits’ only during the time of further

restrictions. This is currently the case in seven local authority areas across the country. However, a birth partner can continue to support a woman during hospital visits, including labour and birth and support thereafter as these visits are essential and will continue as long as the period of local restrictions are in place.

This guidance remains under review and will be updated as we move through Scotland's COVID-19 Route Map.

Pauline McNeill (Glasgow) (Scottish Labour): To ask the Scottish Government what action it is taking to reach vulnerable people to highlight the support that is available to them in response to the COVID-19 pandemic.

S5W-32177

Jeane Freeman: In terms of the health portfolio, we have been working with a number of organisations to understand the impact of Covid-19 on those at greatest risk of disadvantage, addressing issues as they have emerged and developing and promoting solutions wherever possible.

We set up a national phone line (0800 111 4000) to ensure those who are at risk, including those who were shielding or those who are self-isolating, and who have no other support available, can access help for their essential needs. By the week beginning 28 September 107,729 calls had been taken from those shielding and 86,033 from those who were non-shielding at risk.

For those who are at highest clinical risk, we have highlighted support through online guidance including access to food, mental and physical health, and wellbeing information and support. The CMO has issued letters and we have established an SMS text messaging service to provide alerts and updates.

Alison Johnstone (Lothian) (Scottish Green Party): To ask the Scottish Government what action it is taking to ensure there is consistency in the community support available to people recovering from COVID-19 across Scotland.

S5W-32232

Jeane Freeman: I refer the member to the answer to question S5W-32231 on 23 October 2020. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at: <http://www.parliament.scot/parliamentarybusiness/28877.aspx>

Alison Johnstone (Lothian) (Scottish Green Party): To ask the Scottish Government whether funding will be made available to NHS boards to provide consistent levels of support to people recovering from COVID-19.

S5W-32230

Jeane Freeman: The Scottish Government has confirmed additional funding of £1.1 billion to support the health and social care sector in its response to the COVID-19 pandemic. This follows our detailed review of financial implications for each NHS Board and Integration Authority, and ensures that frontline health and care services continue to receive the level of support required. Further detail on funding for each NHS Board area is set out in response to question S5W-32107 on 29 September 2020.

I also refer the member to the answer to question S5W-32232 on 23 October 2020. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at:

<http://www.parliament.scot/parliamentarybusiness/28877.aspx>

Mark Griffin (Central Scotland) (Scottish Labour): To ask the Scottish Government what the intended impact is of the new household visiting ban and coronavirus restrictions on the fathers and partners, considered as essential and designated visitors, from visiting their partner and child in maternity and post-natal wards.

S5W-32205

Jeane Freeman: I refer the member to the answer to question S5W-32204 on 23 October 2020. All answers to written Parliamentary Questions are available on the Parliament's website, the search facility for which can be found at

<http://www.parliament.scot/parliamentarybusiness/28877.aspx>

Monica Lennon (Central Scotland) (Scottish Labour): To ask the Scottish Government how many hospital beds there have been in each NHS board in each of the last five years.

S5W-32146

Jeane Freeman: The data on the number of hospital beds there have been in each NHS board in each of the last five years can be found on the Public Health Scotland website:

<https://beta.isdscotland.org/find-publications-and-data/health-services/hospital-care/acute-hospital-activity-and-nhs-beds-information-annual/>

Stuart McMillan (Greenock and Inverclyde) (Scottish National Party): To ask the Scottish Government what assistance it is providing to care homes to help increase indoor visiting, in light of the winter period approaching, when the weather will not make outdoor visiting possible for many residents and visitors.

S5W-32108

Jeane Freeman: I announced on 12 October 2020 that the guidance to support care homes with visiting had been updated. This guidance provides additional advice to help care homes better balance safety with the need for family and visitor contact and it also offers greater flexibility for indoor visiting in particular, as winter approaches.

The guidance recommends easing restrictions on visiting in a range of ways, including extending indoor visits to up to four hours, and having longer outdoor visits with more people, including children and young people with safety measures such as physical distancing and PPE in place. The importance of essential visits is also emphasised, with increased flexibility being recommended such that these visits can be supported generously to prevent or respond to residents' wellbeing, as well as in circumstances approaching end of life. The new guidance also supports increased personal interaction, as long as strict PPE and infection prevention control measures are met.

These changes will be implemented once care homes are satisfied that they can be accommodated safely, alongside existing safety measures such as the weekly testing offered to all care home staff, sample testing in homes with no cases and care homes being COVID-19 free for 28 days.

Care Home Staff Testing is a critical preventative safety measure to protecting people living in care homes and we are currently transitioning testing from UK Laboratories to NHS Regional Hubs and will continue to do this over the coming weeks.

The updated guidance is available at: <https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government what the absence rate has been for health workers who have been wearing government-approved PPE while treating people who have been (a) suspected as having and (b) diagnosed with COVID-19 in each week since 23 March 2020.

S5W-32268

Jeane Freeman: The Scottish Government has collected, monitored and published data on NHS staff absences since the outbreak of this pandemic. Data is continually collated from Health Boards on overall absences in the NHS workforce, as well as on the number and rate of absences associated with Covid-19. Covid-19-related absences are recorded on staff displaying symptoms, self-isolating, confirmed to have Covid-19, Covid-19-related caring responsibilities and those contacted by tracers and told to isolate for 14 days.

For the week 30 September – 6 October 2020, a daily average of 1.0% of the workforce were recorded absent for reasons related to Covid-19. The rate of Covid-19 related absence has been steady and decreasing in recent months, with a rate

below 2% since late July and below 4% since early May. We will continue to pay close attention to staff absence data in the coming months.

This data does not include whether NHS staff have been wearing government approved PPE or not.

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government what its position is on whether a cough, by definition, produces an aerosol.

S5W-32266

Jeane Freeman:

1 Both the UK Government's New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and Health Protection Scotland (HPS) have given careful consideration to the available evidence and, during the course of the pandemic, have reviewed what should be considered an AGP.

2 Coughing has been reviewed by NERVTAG and is not considered an aerosol generating procedure (AGP).

3 A new UK AGP Panel Chaired by Professor Jacqui Reilly has been convened. Its purpose is to provide practical and scientific advice to the Chief Medical Officers (CMOs) for England, Scotland, Wales and Northern Ireland on specific high risk AGPs in the context of the COVID-19 pandemic, by assessing the evidence on aerosol generating procedures, taking into account the potential route of transmission, for complex and unclear cases where there are differing views, and recommend the appropriate classification. This panel will replace the current NERVTAG group.

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government what type of face masks are provided for healthcare workers who are testing patients for COVID-19.

S5W-32265

Jeane Freeman: I refer the member to the answer to question S5W-32260 on 23 October 2020. All answers to written Parliamentary Questions are available on the Parliament's website, the search facility for which can be found at <http://www.parliament.scot/parliamentarybusiness/28877.aspx>

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government whether a surgical type two face mask protects the wearer from breathing in infected droplets/aerosols or pathogens in the air.

S5W-32262

Jeane Freeman:

1 In Scotland, all health and social care staff involved in direct patient/client care are required to wear a Fluid Resistant (Type IIR) Surgical Mask (FRSM) throughout their shift. This includes both care homes and care at home.

2 COVID-19 is primarily transmitted through droplets and only aerosolised during certain procedures called aerosol generating procedures (AGPs). When staff are dealing with patients who are either suspected, positive or where their status is not known (person not tested) staff engaged in AGPs must wear a single-use fluid filtering face piece (FFP3) mask, long-sleeved gown, gloves and a visor in line with the UK IPC Remobilisation Guidance.

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government whether surgical type two face masks protect the wearer from exposure to the COVID-19 virus and, if so, how.

S5W-32261

Jeane Freeman:

1 The evidence is that COVID-19 is mainly spread via droplets and contact with contaminated hands or environment. The Fluid Resistant (Type IIR) Surgical Mask (FRSM) confers 98% source control against droplet transmission.

2 The principle measures to control the spread of COVID-19 remain as hand hygiene, respiratory hygiene - including extended face mask use - and physical distancing.

3 The FRSM should always be worn when health and social care workers are in close contact with their patients/clients/residents and the fluid resistant nature of the fabric means that the droplet cannot penetrate. It's imperative that they are applied appropriately, fitted around the nose, under the chin and either tied at the back of the head or kept in place with ear loops.

Richard Leonard (Central Scotland) (Scottish Labour): To ask the Scottish Government what concerns have been raised with Ministers by (a) health professionals and (b) trade unions regarding the surgical type two face masks being used by staff, and what action it has taken to rectify any problems.

S5W-32260

Jeane Freeman:

1 In Scotland, we use Fluid Resistant Surgical Masks (FRSM), also known as Type IIR masks, which are different from Type II in that they provide protection for the staff member as well as 98% source control.

2 Staff are protected should they be caring for someone who is infectious but not wearing a mask and they are also protecting the person they are looking for if they themselves are isolating either pre or asymptotically.

3 We are the only nation in the UK who have taken the approach in using FRSMs as part of the extended facemask use guidance for health and social care staff.

4 The Scottish Government holds a regular forum with a range of stakeholders including staff side representation which provides an opportunity for any issues with regard to PPE to be raised. In addition we also respond directly to correspondence received from both individuals and organisations.

Jackie Baillie (Dumbarton) (Scottish Labour): To ask the Scottish Government whether any PPE supplied to (a) the NHS and (b) local authorities during the COVID-19 outbreak has not met the required standard and, if so, what was done with it.

S5W-31671

Jeane Freeman: The responsibility for purchasing PPE and making sure it is fit for purpose and complies with the required standards lies with each public body that procures it.

Within the NHS, any issues with PPE products are reported through a central complaints facility where each issue is investigated for its root cause and corrective action taken if required. When an issue is raised the supplier and the complainant remain involved until a satisfactory resolution is reached.

We do not hold the information centrally about how local authorities have dealt with any PPE that did not meet the required standard, so these should be addressed to the local authority in question.

As PPE technology develops, the Scottish Government is supporting innovation and improvement in this sphere by the formation of a PPE Innovation and Reuse working group. This will be a collaboration, involving Scottish Enterprise, NHS National Services Scotland, National Manufacturing Institute Scotland and the Scottish Government. There will be clinical input to ensure compliance with infection control measures as well as consultation with unions as appropriate.

Jackie Baillie (Dumbarton) (Scottish Labour): To ask the Scottish Government what checks it makes of the standard of PPE supplied to (a) the NHS and (b) local authorities, and whether all PPE provided during the COVID-19 outbreak has been to the required standard.

S5W-31670

Jeane Freeman: Products procured by NHS Scotland are checked to ensure compliance to appropriate technical standards:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913041/essential-technical-specifications-ppe-and-medical-devices.pdf

In addition to these checks, products are assessed before going into active service by representative groups such as infection control nurses or health and safety staff to ensure the product is fit for purpose and performs to the standard required.

Local authorities are independent public bodies and responsible for running their own tendering exercises. It is therefore their responsibility to ensure that any PPE they acquire is fit for purpose and complies with appropriate standards. As employers they must comply with relevant health and safety legislation, and questions about the standards of PPE acquired or used by local authorities should be addressed to individual local authorities specifically.

Jackie Baillie (Dumbarton) (Scottish Labour): To ask the Scottish Government what the required standard of PPE has been in relation to protecting (a) NHS and (b) local authority staff during the COVID-19 outbreak.

S5W-31668

Jeane Freeman: The latest guidance and advice on PPE designed to protect NHS and local authority staff is published by Health Protection Scotland:

<https://www.hps.scot.nhs.uk/guidance/>

This includes guidance on the use of PPE in various settings

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/infection-prevention-and-control-ipc-guidance-in-healthcare-settings/> and technical specifications for different types of PPE, which guides NSS procurement and also the production of PPE by Scottish and UK firms:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913041/essential-technical-specifications-ppe-and-medical-devices.pdf

Monica Lennon (Central Scotland) (Scottish Labour): To ask the Scottish Government whether it has carried out an Equality Impact Assessment of continued restrictions on NHS dentistry.

S5W-32144

Joe FitzPatrick: The remobilisation of dental services has been effected as part of the wider Route Map devised by the Scottish Government to respond to the coronavirus pandemic which was the subject of an Equality and Fairer Scotland Impact Assessment (EQFSIA) as a whole. The EQFSIA recognised that 'continued restrictions' in dentistry must be taken in the context of the entirety of the emergency

measures associated with the pandemic such as footfall, infection control measures, aerosol risks etc. This is the appropriate approach during a public health crisis where overarching considerations require the demand for care to be balanced with the risks posed by continuing to deliver that care.

As we continue to balance the harms associated with the pandemic, we are pushing forward with the reopening of practices and the restoration of routine care. On 12 October the Scottish Government announced that NHS dental services will be able to return to high street dental settings from 01 November. This will provide patients with access to the full range of treatments for all NHS patients in principle but the Scottish Government is clear that this is not business as usual: while the full range of treatments will be restored, dentists and dental teams will be required to continue to exercise clinical judgement in line with wider public health protection measures to offer appropriate volumes of appointments.

The pandemic has been an extremely challenging time for dentistry and the Scottish Government recognises NHS contractor efforts, patience and resilience throughout the period. We are committed to ensuring that the needs of patients to be seen for NHS dental treatment can be met, in a way that supports the good efforts of the dental community to maintain the high standards of health and safety needed to minimise the threat from COVID-19.

Monica Lennon (Central Scotland) (Scottish Labour): To ask the Scottish Government when NHS dentistry will be able to resume dental treatments.

S5W-32151

Joe FitzPatrick: I refer the member to the answer to question S5W-32144 on 23 October 2020. All answers to written Parliamentary Questions are available on the Parliament's website, the search facility for which can be found at <http://www.parliament.scot/parliamentarybusiness/28877.aspx>

Written questions lodged on 23 October 2020

[S5W-32725](#) Pauline McNeill: To ask the Scottish Government when the £11 million Coronavirus (COVID-19) Restrictions Fund will become available for applications.

[S5W-32739](#) Alexander Burnett: To ask the Scottish Government whether ground investigation work has been able to resume for the A96 dualling project following the lifting of COVID-19 lockdown restrictions.

[S5W-32743](#) Jamie Greene: To ask the Scottish Government whether it will provide an update on the visiting regulations and testing plans for care homes, including those regarding designated visitors being screened on a weekly basis.

[S5W-32747](#) Neil Bibby: To ask the Scottish Government whether it has asked each NHS board to provide details of their 2020-21 flu vaccinations plans and, if (a) so, whether it will publish the responses received and (b) not, whether it will consider doing so.

[S5W-32750](#) Monica Lennon: To ask the Scottish Government whether the re-opening of some services at private hospitals and clinics that are in receipt of finance from it is aligned with when the NHS fully re-opens its services.

Searching for questions and motions

While this report contains only questions and answers relating to COVID-19, answers to all parliamentary questions can be found in daily written answer reports, which are published [here](#).

All parliamentary questions and answers can also be searched for by keyword, MSP asking, Scottish Government Minister answering, as well as by date and other filters, through the advanced search function on the Parliament's website [here](#).