

Wednesday, 28 June 2023

1  
2 (10.00 am)  
3 **LADY HALLETT:** Yes, Ms Blackwell.  
4 **MS BLACKWELL:** Good morning, my Lady. May I call  
5 Gillian Russell, please.  
6 **MS GILLIAN RUSSELL (affirmed)**  
7 **Questions from COUNSEL TO THE INQUIRY**  
8 **MS BLACKWELL:** Thank you. Is it Ms or Mrs Russell?  
9 **A.** Ms.  
10 **Q.** Ms Russell, I'm going to ask you some questions based  
11 loosely around your witness statement, which we can see  
12 at INQ000185343. Could you confirm, please, that this  
13 is your witness statement?  
14 **A.** Yes, correct.  
15 **Q.** If we go to page 13, please, we can see that it is  
16 signed on 5 May of this year.  
17 Thank you, we can take that down, please.  
18 I say loosely because, as well as the information  
19 that you have given, we're going to draw upon some of  
20 the material provided to us by other Scottish witnesses,  
21 in particular Ken Thomson, who is the Director General  
22 for Strategy and External Affairs in  
23 Scottish Government. Can I confirm that you've read his  
24 witness statement?  
25 **A.** I have.

1

1 witness to deal with matters of -- dealing with the  
2 Scottish Parliament and the Scottish Executive, I'm  
3 going to use you, if I may, to introduce this part of  
4 the Inquiry's evidence.  
5 Devolution in Scotland has its basis in the  
6 Scotland Act of 1998, as amended, most extensively by  
7 the Scotland Acts of 2012 and 2016.  
8 Prior to the establishment of the Scottish  
9 Parliament in 1999 under the Act, the Scottish Office  
10 oversaw most public services in Scotland as part of  
11 the United Kingdom Government, with policy  
12 responsibilities such as health and local government; is  
13 that right?  
14 **A.** Correct.  
15 **Q.** The 1998 Act followed a referendum on devolution in  
16 1997, and it established the Scottish Parliament and the  
17 Scottish Executive, which has since been renamed the  
18 Scottish Government.  
19 **A.** That's correct.  
20 **Q.** Scottish devolution is based on a retained powers model  
21 of devolution in which broadly the power to make  
22 legislation about matters not reserved in the 1998 Act  
23 is devolved to the Scottish Parliament.  
24 **A.** Correct.  
25 **Q.** As a result, the Scottish Parliament has the powers to

3

1 **Q.** Thank you very much.  
2 During the course of my questioning, please keep  
3 your voice up, speak into the microphones, speak slowly,  
4 please, so that the stenographer can hear you for the  
5 transcript. If you need a break at any time, please  
6 just let us know, but we will break part-way through  
7 your evidence this morning.  
8 Dealing with your work experience so far as it is  
9 relevant to this Inquiry, you have worked in  
10 Scottish Government from 1992, for many years as  
11 a government lawyer --  
12 **A.** Yeah.  
13 **Q.** -- before moving on, as a senior civil servant, to  
14 a range of policy roles. You were Director of Safer  
15 Communities from June of 2015 on an interim basis, and  
16 then from December of 2015 on a permanent basis, holding  
17 that role until March of 2020.  
18 Then you were Director of Health Workforce with  
19 responsibility at national level for the health  
20 workforce and aspects of the social care workforce,  
21 which is a position you have held since March of 2020;  
22 is that right?  
23 **A.** That's correct.  
24 **Q.** Thank you very much.  
25 Ms Russell, because you are the first Scottish

2

1 make primary legislation, Acts of the Scottish  
2 Parliament, on a range of matters commonly called  
3 devolved matters?  
4 **A.** Correct.  
5 **Q.** Thank you.  
6 Could we put up, please, INQ000184894. This is  
7 a table which illustrates the difference between  
8 devolved matters and reserved matters, and it comes from  
9 Ken Thomson's witness statement.  
10 So on the left-hand side we have a list of matters  
11 devolved to the Scottish Parliament: agriculture,  
12 forestry and fisheries; education and training,  
13 environment; Health, care and social services --  
14 important for this Inquiry; housing and land use  
15 planning; law and order; local government; sports, arts  
16 and tourism; parts of social security; some forms of  
17 taxation; and many aspects of transport.  
18 On the right-hand side, we have the reserved  
19 matters, which we can see there, including defence and  
20 national security, again important for this Inquiry.  
21 Thank you very much, we can take that down, please.  
22 There are also, of course, many areas where the  
23 devolved responsibilities of the Scottish Government and  
24 Parliament interact with those of other governments in  
25 many reserved areas, where the United Kingdom Government

4

1 policies or Westminster legislation have impacts on  
 2 devolved matters, so it's not simply a split as we see  
 3 in that table.  
 4 **A.** Yeah.  
 5 **Q.** There are matters which each government and parliament  
 6 deal with which interact together?  
 7 **A.** Correct.  
 8 **Q.** The Scottish Government is comprised of a First Minister  
 9 and a Deputy First Minister, Cabinet secretaries, law  
 10 officers and also ministers, and set out in part 2 of  
 11 the 1998 Act, the First Minister is nominated by the  
 12 Parliament and appointed by the Sovereign, and other  
 13 Scottish Ministers, except law ministers, are appointed  
 14 by the First Minister --  
 15 **A.** Correct.  
 16 **Q.** -- is that right?  
 17 The Lord Advocate and Solicitor General are  
 18 appointed by the Sovereign on the recommendation of the  
 19 First Minister?  
 20 **A.** Correct.  
 21 **Q.** Cabinet government in the Scottish Government operates  
 22 on a similar basis to that at Westminster and Cabinet  
 23 decision-making operates on the basis of collective  
 24 responsibility; is that right?  
 25 **A.** Yes, correct.

5

1 approach.  
 2 In your view, did that succeed in its intention?  
 3 **A.** Yeah, and it was also intended to support the -- we  
 4 brought in the National Performance Framework, with  
 5 a set of outcomes which we were to work to across  
 6 government, so part of the director-led model which was  
 7 put in place was intended to support an outcomes-based  
 8 approach to government.  
 9 **Q.** Thank you.  
 10 Could we have on screen, please, INQ000184895.  
 11 We can see at the top under paragraph 21:  
 12 "[Scottish Government] Main is comprised of core  
 13 directorates which sit in director general families,  
 14 agencies and non-ministerial offices as detailed in the  
 15 table below."  
 16 So in the left-hand column we have the  
 17 "Scottish Government Director General families", as  
 18 they're called, and the agencies in the middle, with the  
 19 non-ministerial offices (NMOs) on the right-hand side.  
 20 How do these three sets of organisations work and  
 21 interact with each other?  
 22 **A.** So on the left I would describe those as the core DGs  
 23 within Scottish Government.  
 24 **Q.** Yes.  
 25 **A.** Then the next column out is our agencies, who we work

7

1 **Q.** Civil servants working for the Scottish Government are  
 2 part of the unified United Kingdom civil service --  
 3 **A.** Correct.  
 4 **Q.** -- and senior civil service grades are the same as  
 5 elsewhere?  
 6 **A.** Correct.  
 7 **Q.** And like Whitehall departments, the Scottish Government  
 8 has its own distinct terms and conditions of employment?  
 9 **A.** Correct.  
 10 **Q.** The civil service in the Scottish Government does not  
 11 have departments on the Whitehall model but, rather,  
 12 a more flexible and unified structure, comprising  
 13 directorates and executive agencies --  
 14 **A.** Correct.  
 15 **Q.** -- and a number of director generals. Each oversees  
 16 groups of directorates and agencies, and there are also  
 17 a number of non-ministerial office holders, together  
 18 with their staff?  
 19 **A.** Correct.  
 20 **Q.** The Scottish Government consolidated accounts for the  
 21 year ended 31 March 2008 summarised changes made to  
 22 government arrangements at that time, including a move  
 23 from a department structure, mirroring minister  
 24 portfolios, to a directorate structure, as we've just  
 25 seen, intended to enable a more flexible organisational

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1 very closely with, obviously, and some of the  
 2 chief execs of those agencies might sit within the  
 3 DG families, and then we're moving out again to our  
 4 non-ministerial offices.  
 5 So overall I would say all of those people would  
 6 work as colleagues together, but there is a difference  
 7 in the nature of the set-up for each of those columns.  
 8 **Q.** Right, thank you.  
 9 On the subject of permanent secretary, like  
 10 the United Kingdom Government, they are the proper  
 11 accounting officer, but unlike the United Kingdom  
 12 Government, with one permanent secretary per department,  
 13 in Scotland there is one permanent secretary to the  
 14 Scottish Government; is that right?  
 15 **A.** Correct, he is the principal accountable officer and  
 16 then the directors general would have their accountable  
 17 officer status for their DG families.  
 18 **Q.** Thank you.  
 19 The Civil Contingencies Act 2004 was -- when it was  
 20 introduced, civil protection was already largely  
 21 devolved in Scotland, wasn't it, but the Scottish  
 22 Parliament consented to part 1 of the Act being extended  
 23 to Scotland, and that still remains the case today?  
 24 **A.** Yeah, that's correct.  
 25 **Q.** In terms of resilience, then, and EPRR, emergency

8

1 preparedness, resilience and response, in Scotland the  
2 Resilience Division is currently located in the  
3 directorate Performance, Delivery and Resilience, within  
4 the directorate general for Strategy and External  
5 Affairs; is that right?

6 **A.** It is now. When I was there, it was sitting within  
7 Education and Justice --

8 **Q.** Yes.

9 **A.** -- as part of the directorate for Safer Communities, so  
10 that's changed since I -- I'd emitted(?) role in 2020.

11 **Q.** That changed in 2020?

12 **A.** I think that did change in 2020, yeah.

13 **Q.** Thank you.

14 Within Scottish Government the Resilience Division  
15 were responsible for all aspects of resilience, and it  
16 is led by an SCS deputy director; and was it divided  
17 into a number of teams?

18 **A.** Yeah, so there was a deputy director at SCS level and  
19 then a number of teams sitting under that covering the  
20 sort of broad range of resilience functions that we were  
21 doing at a national level.

22 **Q.** Firstly, the resilience function provided a central  
23 capacity within the Scottish Government to lead  
24 preparations for and frequently to deliver executive  
25 management of resilience operations; is that right?

9

1 Let's look at the ministerial foreword, please, to  
2 identify what this document is intended to achieve:

3 "Resilience is everyone's business. Individuals,  
4 communities, emergency services and the wider public  
5 sector including Scottish Government, as well as  
6 voluntary organisations and businesses all have their  
7 part to play in making Scotland safe and secure."

8 If we scroll down, please, to the next main  
9 paragraph:

10 "This revised Preparing Scotland guidance sets out  
11 the philosophy, principles and practices that act as the  
12 building blocks for resilience. It is based on the  
13 experience and expertise of the resilience community  
14 within Scotland. Resilience professionals will be the  
15 main readership of this guidance and, with the support  
16 of the Scottish Government, they are key to effective  
17 co-ordination of the five key activities of Integrated  
18 Emergency Management, namely assessment, prevention,  
19 preparation, response and recovery."

20 Then this:

21 "It is vital, however, that we all see Scotland's  
22 resilience as our responsibility to support the safety  
23 and well-being of our neighbours and communities across  
24 the country, from those in remote and rural locations to  
25 those in our towns and cities. This message, that

11

1 **A.** Correct, yes.

2 **Q.** The central team would work with other parts of  
3 Scottish Government, and with partner organisations,  
4 such as local authorities and public bodies, to ensure  
5 appropriate consideration was undertaken of potential  
6 risks?

7 **A.** Correct, yeah.

8 **Q.** Examples of those risks are flooding, transport  
9 disruption, winter weather, industrial disputes, and,  
10 significantly for this Inquiry, the Covid-19 pandemic?

11 **A.** Yeah, yeah, all of those, correct.

12 **Q.** Thank you.

13 Could we put up, please, INQ000102938. This is  
14 a document titled *Preparing Scotland -- Scottish  
15 Guidance on Resilience -- Philosophy, Principles,  
16 Structures and Regulatory Duties*.

17 If we move to page 2, please, we can see that, if we  
18 could just have a look at the whole page, first of all,  
19 thank you, we can see bottom left-hand corner it's  
20 signed by John Swinney, the "Deputy First Minister" --

21 **A.** Correct.

22 **Q.** -- "with responsibility for Resilience".

23 **A.** Yeah.

24 **Q.** We'll move in a moment to talk about his role in  
25 resilience. We can see it's dated June of 2016.

10

1 resilience is everyone's business, needs to be echoed  
2 across Scotland and I would urge you all to take this  
3 message forward."

4 Now, if we move to page 5, please -- thank you -- we  
5 can see that the purpose of the guidance is:

6 "... not intended to be an operations manual, but is  
7 instead guidance to responders assisting them assess,  
8 plan, respond and recover. It establishes good practice  
9 based on professional expertise, legislation and lessons  
10 learned from planning for and dealing with major  
11 emergencies at all levels. It reflects a process which  
12 prepares for emergencies from the identification of  
13 a risk to the completion of the recovery process."

14 So as we can see there, it's a set of guidance  
15 intended to cover the whole --

16 **A.** Yeah.

17 **Q.** -- of the process from identification of risk down to  
18 the very end of the recovery process.

19 **A.** Yeah, and it was intended to be put in place in a way  
20 that was user friendly.

21 **Q.** Yes.

22 **A.** So if you go on to the Ready Scotland website, you can  
23 see quite easily how that guidance flows out from  
24 central right down into community and the guidance  
25 around communities, for example.

12

1 Q. We'll look at that in a moment, yes.  
 2 Could we go to page 7 of this document, please.  
 3 Thank you, and just zoom in to the "Hub and Spokes'  
 4 Model" of "Preparing Scotland".  
 5 Now, we can see that there are several issues here  
 6 to be considered. Can you explain to us, please,  
 7 Ms Russell, how you would use this table, this diagram,  
 8 in order to demonstrate the preparedness process in  
 9 terms of risk assessment and response to any emergency?  
 10 A. Yeah, so the central document *Preparing Scotland* sets  
 11 out the detail around, I suppose, that higher level  
 12 strategic thinking about how to do your preparation  
 13 for -- in relation to risk.  
 14 Then, as you see, what are called the spokes, each  
 15 have their own guidance sitting underneath it. So,  
 16 for example, if you press on "Community Resilience",  
 17 what you will get is then a whole set of guidance about  
 18 how to respond in relation to that, building resilient  
 19 communities, and there's a whole set of guidance dated  
 20 May 2019 that sits underneath that button that sets out  
 21 principles and approaches to how to go about ensuring  
 22 that you have that resilient community at local level.  
 23 So if you go round each of the buttons, they'll each  
 24 have a set of, I suppose, cascading guidance which fits  
 25 within the subject heading.

13

1 use this. It's also something that we would expect our  
 2 responder community to use, and we also had, obviously,  
 3 in terms of overarching structure -- probably we'll come  
 4 to this later -- our strategic resilience partnership,  
 5 the regional resilience partnerships, and then our local  
 6 resilience partnerships.  
 7 Q. If we pressed on Risk and Preparedness Assessment, which  
 8 is in the top left-hand spoke, what would we see there  
 9 and how would that assist us? Bearing in mind that  
 10 we're told it's not an operations manual --  
 11 A. Yeah, yeah.  
 12 Q. -- but it's guidance.  
 13 A. So it would give you principles and ways and suggested  
 14 ways of doing that risk and preparedness assessment, and  
 15 I think there is evidence within the papers of how that  
 16 started to then play out in practice. So it's,  
 17 I suppose, a way of trying to support people culturally  
 18 to think about resilience and then giving them some very  
 19 practical ways of analysing and understanding what the  
 20 risks are and how to mitigate them for them and their  
 21 local areas.  
 22 Q. How does this sit with the Ready Scotland website with  
 23 its hyperlinks?  
 24 A. Yeah, so that sits within Ready Scotland, so you can go  
 25 into Ready Scotland and find that material.

15

1 If you look at "Care for People" as another example,  
 2 the Care for People guidance which was published in 2017  
 3 sets out a whole set of things that you will want to  
 4 consider if you're an organisation caring for people,  
 5 and that would include things from setting up,  
 6 for example, shelters to thinking about diversity and  
 7 inclusion within your communities.  
 8 So I suppose it was a way to try to help people to  
 9 navigate what could be quite a complex environment, and  
 10 really support people in their thinking in terms of  
 11 their own preparation, bearing in mind that, in terms of  
 12 the Civil Contingencies Act, the responsibility would  
 13 still sit on the first and second responders, but really  
 14 that point, resilience is everybody's business, how do  
 15 you get to a point where resilience is really embedded  
 16 through your society, through this kind of approach.  
 17 Q. So who would be expected to use this guidance and to  
 18 access the hub and spokes model in the way in which  
 19 you've described?  
 20 A. So it is publicly accessible information, so if you were  
 21 a community group you could go onto this and actually  
 22 have a look and say, "Right, I'm going to have a look at  
 23 community resilience. What could I do as a community  
 24 group to improve the resilience of my community?" So  
 25 actually it was like a multifaceted audience that could

14

1 Q. And find this?  
 2 A. Yeah.  
 3 Q. Let's have a look at that, please.  
 4 It's at INQ000196610. If we scroll down, please,  
 5 I think the next sheet should be a series of hyperlinks.  
 6 Yes.  
 7 A. Yeah, yeah.  
 8 Q. So this is what we would see if we went on the Ready  
 9 Scotland website, and explain to us, please, Ms Russell,  
 10 what this is and how this would help.  
 11 A. Yeah, so, I mean, they are really the spokes that we  
 12 were talking about, so you would just go into any of  
 13 those topics and that would give you a whole set of  
 14 guidance. Some of the guidance is pretty long, some of  
 15 it is much shorter and more concise, depending on the  
 16 subject area and the level of detail it was felt  
 17 necessary to provide.  
 18 But overall, if you look across all of the topics,  
 19 the totality of the topics should be supporting your  
 20 overall strategic priority about creating that resilient  
 21 country that was talked about by Mr Swinney in that  
 22 foreword.  
 23 Q. Of course this is a public-facing website.  
 24 A. Yes.  
 25 Q. Anybody can go on this.

16

- 1 A. Yes.
- 2 Q. But would you also expect those within the Resilience  
3 department to need to access these sorts of documents or  
4 not?
- 5 A. Yeah, so part of the role of Resilience Division was to  
6 make sure that this material was user friendly and  
7 publicly available in a format that was accessible to  
8 people. So that was some of the work. And I suppose  
9 it's always -- you know, Resilience was always on  
10 an improvement cycle, so, you know, we'd always be  
11 seeking to learn what was working, what needed to change  
12 and improve. So the documents, as they are now, would  
13 improve over time as we took feedback and heard how they  
14 were working in practice for people.
- 15 Q. How often would that take place? Was there a set time  
16 at which the documents would automatically be reviewed  
17 and amended, or was it a reactive process and only took  
18 place if an issue arose and it was brought to your  
19 attention that one of the documents perhaps needed  
20 looking at?
- 21 A. So I think the time I was in role was really the point  
22 at which all of this material was being assembled and  
23 put out into that public-facing forum. Since I've left,  
24 in 2020, I'm not sure how that process has worked, but  
25 certainly the expectation was that that would be

17

- 1 A. Well, I suppose if you're talking about broader  
2 prevention, you might go back to the sort of policy  
3 areas, so if I looked at the strategic risk assessment,  
4 and the way that the strategic risk assessment was  
5 prepared, for example, the flooding element of that was  
6 done along with our flooding policy colleagues, so  
7 actually getting them to think about the flooding risk  
8 might help them to design their future policies  
9 differently.

10 So that would -- so you're not necessarily going to  
11 find that in this, but in terms of how the strategic  
12 risk assessment was done for Scotland, you would be  
13 working with different policy areas to help them  
14 understand risk, and perhaps think differently about how  
15 to design their policies for the future to mitigate that  
16 risk.

17 So I think that is probably getting more into  
18 a preventative space.

- 19 **MS BLACKWELL:** If we look at the bottom right-hand corner,  
20 we can see "Regional Resilience Partnerships' Risk  
21 Preparedness Assessment Guidance". Now, it's right,  
22 isn't it, that there was a system of strategic  
23 co-ordinating groups, or SCGs, which then transferred  
24 into a series of regional resilience partnerships, or  
25 RRPps, together with local resilience partnerships, which

19

- 1 adjusted over time.
- 2 Q. Right. But these documents don't have a strict date by  
3 which they have to be reviewed?
- 4 A. No, they didn't, no.
- 5 Q. Thank you, we can take that down now.
- 6 **LADY HALLETT:** One of the key activities of emergency  
7 management was said to be prevention. What would  
8 I click on if I wanted to look at prevention?
- 9 A. So I think if you looked at, for example, building  
10 resilient communities, there would be -- there would be  
11 material in the Building Resilient Communities guidance  
12 that would tell you about things to be aware of, things  
13 to think about, things that you might want to plan as  
14 a community to enable you to think preventatively.  
15 I mean, some of it is -- for example, the A9 corridor,  
16 in winter we always have a lot of issues along the A9  
17 corridor, so a lot of work was done with communities  
18 along that corridor so they would be better able to  
19 respond as communities to bad weather over periods of  
20 time, and that was quite an effective approach.
- 21 So I suppose prevention in the sense of better  
22 adapting your response to things that happen on  
23 a regular basis would be an example.
- 24 **LADY HALLETT:** Better preparing your response is not  
25 preventing, is it?

18

- 1 are LRPps.
- 2 The SCGs existed in resilience planning in Scotland  
3 prior to introduction of the RRPps. What was the shift  
4 between the two, and how did it manifest itself  
5 practically?
- 6 A. So I took up post in 2015 so the regional resilience  
7 partnerships were already in place by then, so I worked  
8 with them as entities from 2015 --
- 9 Q. There were eight SCGs, weren't there, which then became  
10 three regional resilience partnerships?
- 11 A. Yeah. So the three regional resilience partnerships,  
12 north, east and west, were all headed up by assistant  
13 chief constables, and so I think they mirrored the --  
14 because we had the reform of police and fire service and  
15 the creation of the single police and fire service in  
16 Scotland from April 2013, so I think the regional  
17 resilience partnerships -- to some extent the police and  
18 fire service both have north, east and west areas  
19 sitting above their divisional command structures. So  
20 I think that the regional resilience partnerships were  
21 able to build on the changes that came forward from the  
22 single police and fire service, and allowed that more  
23 strategic look-across. So the north region, looking at  
24 what the risks were for the north region, how would that  
25 north region then respond and plan in relation to that.

20

1 So you can see that coming through the documentation.  
2 There was then reviews of the regional resilience  
3 partnerships, risk assessment and where we saw the  
4 mitigation, and that then, again, was a continuous  
5 improvement cycle: where were the gaps, what was needed  
6 to improve.

7 **Q.** So each of the regional resilience partnerships  
8 performed their own regional risk assessments, and did  
9 that draw upon the Scottish risk assessment?

10 **A.** It did, yeah.

11 **Q.** Did that cascade down into the local resilience  
12 partnerships that sat within each of those regions?

13 **A.** Yes, correct, so it was meant to be a kind of integrated  
14 national/regional/local system.

15 **Q.** Right, thank you.

16 **LADY HALLETT:** Can we just slow things down a little?

17 **MS BLACKWELL:** Yes, certainly. My fault, sorry.

18 We can take that down, please, thank you.

19 There are three key differences between the English  
20 and Scottish local resilience structures. First, in  
21 terms of the regional tier that we've just been  
22 discussing, Scotland has a statutory requirement for  
23 a regional tier of RRP, doesn't it, whereas England  
24 doesn't have a formal legal requirement for the regional  
25 tier.

21

1 there is in fact a level of local resilience  
2 partnerships?

3 **A.** Correct, yeah.

4 **Q.** Do you think that there's any disadvantage to not having  
5 that as a legal requirement? Has that made any  
6 difference to the way that things are arranged in  
7 Scotland?

8 **A.** It's not something that's been raised with me as  
9 a concern. I mean, one of the -- one of the principles  
10 is subsidiarity, so you would deal with things at the  
11 level at which it was most appropriate to deal with  
12 them. So very localised things obviously you would be  
13 dealing with them only within a single LRP, and then  
14 obviously, depending on the nature of what you were  
15 doing, you might need more engagement with your regional  
16 resilience partnership or, indeed, that whole of  
17 government national response as appropriate.

18 **Q.** All right.

19 Thirdly, there is a difference in the separation or  
20 combination of preparedness and response, so in England  
21 the local resilience forums cover preparedness only and  
22 strategic co-ordinating groups cover response and  
23 recovery, but in contrast the regional resilience  
24 partnerships and local resilience partnerships in  
25 Scotland perform the dual function of preparedness,

23

1 What do you think are the benefits of having that  
2 regional tier?

3 **A.** So I think it did enable us to create capacity at that  
4 regional level, so there was quite a lot of support put  
5 into the capability and skills to support those regional  
6 partnerships. It also meant that we could assess across  
7 that, and you'll see that it was the chief fire officer  
8 in the fire service that did that assessment, across  
9 each resilience partnership, to look at what they were  
10 preparing, what the risk assessments and mitigations  
11 looked like. So I think it supported a slightly  
12 different approach.

13 As I've said already, given we had the single police  
14 and fire service and a different understanding of how we  
15 could understand Scotland in terms of east, north and  
16 west, I think it fitted with that model as well. So  
17 I think that was helpful, because obviously the police  
18 and fire service are Category 1 responders, and the  
19 ambulance service as well is a national service in  
20 Scotland, so it supported some of the national service  
21 providers to be working in that way in a regional level.

22 **Q.** The second difference is the local tier. England has  
23 a statutory requirement for a local tier of local  
24 resilience forums. Scotland doesn't have any formal  
25 legal provision for that, but, as we've just discussed,

22

1 response and recovery, don't they?

2 **A.** Well, they're all part of the same cycle, really,  
3 I think, so we would view those as part of an overall  
4 integrated cycle looking at resilience.

5 **Q.** Do you view that as an advantage or a disadvantage,  
6 having all of that dealt with by the same organisations?

7 **A.** I would -- I would view it as an advantage, because it  
8 does mean that you can ... I think my Lady made the  
9 point earlier about where's the prevention. I think if  
10 you have responsibility for the whole, you're much more  
11 likely to get into that preventative space and think  
12 differently about what you need to do in terms of your  
13 substantive policy and planning to deliver resilience  
14 for communities.

15 **Q.** We're now going to look at some other groups,  
16 organisations, SGoRR, SGoR(O) and SGoR(M).

17 Can we have on screen, please, INQ000102938, at  
18 page 25, thank you very much.

19 These are the response and recovery organisations:

20 "SGoR(M) [which is the ministerial group] sets the  
21 strategic direction for Scotland's response. It acts on  
22 behalf of, and reports to, the Scottish Cabinet. In the  
23 response phase, membership of SGoR(M) is determined by  
24 the nature of emergency.

25 "The procedures that support [it] will be activated

24

1 flexibly. A judgement will be made by the  
2 Scottish Government in each set of circumstances about  
3 precisely what elements need to be activated.  
4 An essential element of a national response will be the  
5 activation of the Scottish Government Resilience Room.  
6 Resilience Partnerships will be advised of the  
7 activation of SGoRR as soon as is practicable."

8 If we look further down to the next body, the  
9 Scottish Government Resilience (Officials), SGoR(O),  
10 it's:

11 "... a group of senior Scottish Government officials  
12 drawn from all relevant Directorates (ie government  
13 policy areas such as Business and Industry, Health,  
14 Environment etc), plus external members on occasion. It  
15 will:

16 "- analyse information received by the SG  
17 [Scottish Government] and provide advice to the SGoR(M)  
18 on options for handling the consequences of the  
19 emergency

20 "- oversee implementation of decisions taken by the  
21 SGoR(M)

22 "- ensure co-ordination of Scottish Government  
23 activity."

24 Finally, the "Scottish Government Resilience Room"  
25 itself:

25

1 So if I was gold command for that, we would probably  
2 have a SGoRR officials meeting which would involve our  
3 resilience -- our regional resilience partnerships,  
4 relevant first responders, relevant policy officials in  
5 government and agree what the approach should be to  
6 manage through that emergency.

7 **Q.** May I just ask, is the decision to activate made by the  
8 Resilience Division or at senior ministerial level?

9 **A.** We would generally give advice about the need for  
10 activation depending on the subject matter. I mean, in  
11 my time in the role, there was a number of terrorism  
12 incidents, there were sort of specific weather-related  
13 incidents, we had things like the Trump visit where  
14 SGoRR was activated over that period because of the  
15 level of safety and security issues. So the activation  
16 would depend on the nature of the event.

17 Some events were known, so it would be a planned  
18 activation, others would emerge and it would be,  
19 you know, very quick advice to ministers to say: We  
20 think we need to activate SGoRR and put in place the  
21 arrangements that are going to enable us to  
22 strategically co-ordinate through the emergency that we  
23 were dealing with.

24 **Q.** How does the activation of the Resilience Room work with  
25 the other two groups, the SGoR(M) and SGoR(O)?

27

1 "When the scale or complexity of an emergency is  
2 such that some degree of central government  
3 co-ordination or support becomes necessary,  
4 Scottish Government will activate its emergency response  
5 arrangements through SGoRR. The precise role of SGoRR  
6 will vary depending on the nature of the emergency."

7 We can see there a series of bullet points which set  
8 out what the Resilience Room is designed to do.

9 So, just pausing there, Ms Russell, can you explain  
10 to us when the setting up of the SGoRR, Resilience Room,  
11 would be necessary and how it would interact with the  
12 ministers group and the operations group?

13 **A.** Okay, so perhaps take an example, if that would be  
14 helpful?

15 **Q.** Yes, please.

16 **A.** So a couple of years ago, pre-pandemic, there was very  
17 significant flooding in Scotland, across Scotland, and  
18 it became apparent that it wasn't going to be managed  
19 within a local resilience partnership or within  
20 a region, so SGoRR would have been activated.

21 On that SGoRR activation, you'd be looking to see,  
22 like, what are your strategic priorities now for  
23 managing this flooding event, who do you need round the  
24 table to do that well, and then what would be the  
25 ministerial engagement in that.

26

1 **A.** Yeah, so they're all really part of the same thing. So  
2 the SGoR Officials would be without ministers, and we  
3 generally have SGoR Officials to try and flush out what  
4 are the issues, what need to be addressed, then we'd  
5 have a SGoR Ministerial if necessary. Generally the DFM  
6 or the FM might chair, depending on the nature of the  
7 incident, and you would have relevant ministers round  
8 the table. So, in a flooding, you would have the  
9 minister responsible for the fire service, whoever was  
10 responsible for environment, transport, et cetera,  
11 sitting round that table. So it's really all part of  
12 the same arrangement.

13 So when you activate SGoRR, depending on the nature  
14 you would be put in placing your Officials meetings and  
15 your Ministerial meetings, and then you would have kind  
16 of a battle rhythm over the number of days or weeks it  
17 took to work your way through that particular incident.

18 **Q.** How would the activation of SGoRR work with and interact  
19 with the United Kingdom Government in a nationwide  
20 crisis?

21 **A.** Yeah, so there would be examples of that, so if COBR  
22 stood up -- so, for example, if there is a fuel  
23 disruption issue, that might be an example of that. And  
24 I worked very closely with resilience colleagues in  
25 Cabinet Office, Katharine Hammond was my main point of

28

1 contact there, and we also would work with the  
 2 Welsh Government, so issues that were across Wales,  
 3 England and Scotland, I would work closely and had  
 4 a good relationship with Welsh Government as well, as  
 5 senior officials, and then that would be mirrored with  
 6 my kind of officials within the Resilience Division,  
 7 we'd have cross-government contacts and relationships.  
 8 **Q.** We will hear during the course of this Inquiry from the  
 9 Deputy First Minister, John Swinney, who has provided  
 10 a witness statement to the Inquiry in which he gives his  
 11 view that "SGoRR had developed significantly" from the  
 12 first moment that it was developed, and it is  
 13 "a reliable and dependable grouping with expertise in  
 14 handling resilience incidents". Do you agree with that  
 15 description?  
 16 **A.** Yeah, we did a lot of work to create the right skills  
 17 and capabilities in that team to do that work well, and  
 18 we had very good relationships with our Category 1  
 19 responders and there was a lot of work done, both at  
 20 senior and tactical operational level, to make sure that  
 21 those relationships worked well and we were well placed  
 22 as an overarching team where needs be to work with  
 23 together across Scotland.  
 24 **Q.** As you know, in the UK Cabinet Office, the Civil  
 25 Contingencies Secretariat is split between the COBR unit

29

1 Scottish Government?  
 2 **A.** So obviously you'll hear from Mr Swinney tomorrow,  
 3 I think. My view was he was very clear about the  
 4 importance of resilience and always gave it the  
 5 attention that it needed, and was very, very meticulous  
 6 about that throughout the whole time that I worked with  
 7 him.  
 8 Yes, you know, if it was appropriate, it would be  
 9 delegated to others, but where he saw the need he would  
 10 always step in. And there were particularly challenging  
 11 sets of issues that he very personally took the lead in.  
 12 Actually, as Deputy First Minister, it was helpful as  
 13 well because he obviously had a cross-cutting role as  
 14 Deputy First Minister in his broader role. But I didn't  
 15 ever see that as a problem.  
 16 **Q.** What is the Cabinet subcommittee on --  
 17 Scottish Government Resilience CSC (SGoR); is that how  
 18 I say it correctly?  
 19 **A.** So the subcommittee on -- have you got a reference to  
 20 that?  
 21 **Q.** Cabinet subcommittee on Scottish Government Resilience.  
 22 I understand that it's the Scottish equivalent to the  
 23 United Kingdom Government's NSC(THRC), so the threats  
 24 committee --  
 25 **A.** Ah, right, okay. Yeah, so that would be ministers

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1 and the Resilience Directorate. Do you think that that  
 2 is something which SGoRR would benefit from or not?  
 3 **A.** I think because we only have a single government, it  
 4 makes sense to keep those functions together. But  
 5 I think it's just important to note that the functions  
 6 of Preparing Scotland, that we've been talking about  
 7 earlier, and the function of being able to do that  
 8 resilience response through those arrangements are  
 9 different things. So the government -- the overall  
 10 capacity needs to be sufficient to do both well. If  
 11 that makes sense?

12 **Q.** Yes, thank you.

13 John Swinney held ministerial responsibilities for  
 14 resilience as Deputy First Minister from November  
 15 of 2014 to March of 2023, and it's now held by the  
 16 Cabinet Secretary for Justice and Home Affairs, I think.  
 17 He held the resilience portfolio concurrently with other  
 18 wide-ranging portfolios, Cabinet Secretary for Finance  
 19 and Sustainable Growth in the Scottish Government, and  
 20 Cabinet Secretary for Education and Skills.

21 Did you see that as a problem? Do you think that  
 22 his portfolio was too wide-ranging? Do you think that  
 23 he should have been able to concentrate more on  
 24 resilience? Or do you think that it was a benefit for  
 25 him to have his eyes across lots of areas of

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1 coming together to look collectively at some of the  
 2 risks.  
 3 **Q.** Is that a group which sits all of the time or is that  
 4 something which is stood up at an appropriate moment?  
 5 **A.** So that may be something that has become clearer in the  
 6 last three years since I've been doing the role. So it  
 7 may be something -- is it in Ken's statement?  
 8 **Q.** In fact I think there is a reference to it in  
 9 Preparing Scotland, so if we can go back to that  
 10 document.  
 11 **A.** Yes, let's go back to that.  
 12 **Q.** It's INQ000102938 and page 25. Thank you.  
 13 In fact, if we can highlight, please, the group  
 14 itself, which is under the heading "Preparation".  
 15 Thank you.  
 16 "In preparation, the role of CSC SGoR is to give  
 17 ministerial oversight to strategic policy and guidance  
 18 in the context of resilience in Scotland. [It] meets in  
 19 preparation for emergency response and keeps abreast of  
 20 matters related to promoting and improving civil  
 21 protection, contingency planning and preparing for  
 22 specific contingencies such as pandemic influenza.  
 23 "Whilst acknowledging the independence of Category 1  
 24 responder agencies to undertake preparation pertaining  
 25 to resilience, such preparation will generally take

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1 place within an overarching structure of legislation and  
2 national guidance. It is the role of CSC SGoR to  
3 approve new national guidance and to make decisions on  
4 the taking forward of new legislation."

5 Sorry, go on?

6 **A.** No, the reason I'm pausing is, in my experience in the  
7 role, I would say probably Cabinet overall took  
8 decisions in relation to matters in relation to  
9 resilience rather than working through that Cabinet  
10 subcommittee. I mean, obviously I'd be happy if there's  
11 further specific examples of what the Cabinet  
12 subcommittee did, but in my recollection it was probably  
13 more Cabinet as a whole that would have looked at  
14 resilience issues rather than that subcommittee.

15 **Q.** All right. Do you happen to know how often the group  
16 met?

17 **A.** I don't, and --

18 **Q.** We will ask other witnesses.

19 **A.** Yeah, I think perhaps to ask other witnesses, but my  
20 recollection would be that issues were more dealt with  
21 through the overarching Cabinet rather than through  
22 a subcommittee.

23 **Q.** One thing I think that you do have experience of is the  
24 directors network?

25 **A.** Yes.

33

1 needed to speak to in order to discuss matters of  
2 preparation or resilience or anything like that?

3 **A.** No, there wasn't, I would say the government generally  
4 put a big priority on making sure that we were always on  
5 top of these issues and that they were engaged early and  
6 effectively on things.

7 **Q.** What is the Scottish Resilience Partnership?

8 **A.** So -- the Strategic Resilience Partnership, I think it  
9 is, yes.

10 **Q.** Strategic Resilience Partnership, sorry.

11 **A.** So I set that up in 2016, bringing together the Cat 1  
12 responders at more senior level and the regional  
13 resilience partnership leads, so it was a mix of local  
14 authority, chief execs, senior police and fire, senior  
15 ambulance, coastguard, SEPA were there, and the point of  
16 that Strategic Resilience Partnership was to provide  
17 that sort of guiding coalition across resilience as we  
18 were supplementing it in Scotland.

19 **Q.** Did you perceive that there was a gap that needed to be  
20 filled when you first implemented the Strategic  
21 Resilience Partnership?

22 **A.** So what I felt was needed was an open space for frank  
23 discussion about key issues in relation to resilience  
24 that was future facing, so the agenda was really set on  
25 the basis that -- of looking ahead and looking at issues

35

1 **Q.** How often did that meet and who would be invited to  
2 those meetings?

3 **A.** Yes, so the directors network meets every week on  
4 a Thursday morning and all of our directors from across  
5 government go to that meeting every week and it's used  
6 as an opportunity to look at strategic issues, update on  
7 key things that all directors need to know, it's  
8 attended by the Executive team as well, and it's the --  
9 I suppose, the main way, verbally, of keeping directors  
10 updated and it's a way of sharing information as well  
11 across that directors network.

12 **Q.** Was there any wider briefing of Cabinet, other than the  
13 directors' meeting?

14 **A.** So the directors' meeting was -- directors are the  
15 officials, so in terms of briefing Cabinet, I mean,  
16 Cabinet would be kept updated on resilience issues  
17 generally, there would be ongoing discussions with  
18 Cabinet, I mean, certainly, you know, in terms of  
19 response events, Cabinet would be very engaged. We  
20 would have gone to Cabinet for decision-making around  
21 kind of the overarching strategic approach to resilience  
22 we were taking forward through the Scottish risk  
23 assessment and the various other material that you've  
24 referred to.

25 **Q.** So there was no difficulty getting access to whoever you

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1 that perhaps needed more attention or just a bit of  
2 a step back: Are we doing everything that we need to be  
3 doing? And those leaders round that table were viewed  
4 as the people that could help challenge and discuss that  
5 frankly.

6 **Q.** Was it always the same people, the same individuals, who  
7 would attend the partnership, or was there a varying  
8 membership from time to time?

9 **A.** It was the same membership, but we'd obviously bring in  
10 different people depending on the topic that was to be  
11 discussed, and quite often the Deputy First Minister  
12 would come and chair part or all of those meetings.

13 **Q.** When you refer to it as a safe space for open  
14 discussion --

15 **A.** Yeah.

16 **Q.** -- how did you ensure that that was the atmosphere that  
17 was generated?

18 **A.** I think that was the expectation of setting up the  
19 sessions, that people would feel free to speak and be  
20 open and challenge, and that was the point of bringing  
21 people together, and also just be honest about things,  
22 areas that they felt were of risk or areas that we  
23 needed to do more work on collectively at that senior  
24 strategic level.

25 **Q.** Did you have experts invited in to provide advice on

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- 1 certain issues?
- 2 **A.** Yes, we would do from time to time depending on the  
3 issue. I remember, for example, a session on cyber risk  
4 and resilience, and we would have had people come to  
5 that meeting with an expertise in that area. Just as  
6 an example.
- 7 **Q.** Do you think it succeeded in its intention to provide  
8 open discussion on issues?
- 9 **A.** So I think it did. I think obviously there's always  
10 more work to do on these things, so how do you improve  
11 that. I also think it created very strong relationships  
12 across that strategic community, and I think that that  
13 grouping of senior leaders moved into the pandemic and  
14 were able to provide a lot of leadership as a leadership  
15 grouping through the pandemic. I mean, I had moved to  
16 a different role by then, but I do understand that they  
17 were -- worked very well together through the pandemic.
- 18 **Q.** One of the purposes of the group was to provide advice  
19 to the resilience community on how best to ensure that  
20 Scotland is prepared to respond effectively to major  
21 emergencies.
- 22 **A.** Yeah.
- 23 **Q.** How did you take that forwards? As a practical  
24 matter --
- 25 **A.** Yeah.

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- 1 businesses and through them the economy and society."
- 2 If we could move down the page, please, and  
3 highlight the paragraph at the bottom there beginning  
4 with the word "Compiling". Thank you.
- 5 "Compiling the National Risk Assessment requires  
6 significant support from Government Departments,  
7 Devolved Administrations, Chief Scientific Advisers,  
8 local resilience practitioners and external partners,  
9 including universities and industry. It is only with  
10 your help that we are able to produce robust and  
11 credible assessments and translate them into collective  
12 action that prepares us for the challenges we face."
- 13 What level of detail did Scotland, as one of the  
14 devolved administrations, have in the preparation and  
15 production of the National Risk Assessment?
- 16 **A.** So we would sit in some of the infrastructure that was  
17 driving the National Risk Assessment process, and would  
18 attend various UK groups and would feed in that way.  
19 I probably can't be any more precise than that.  
20 I couldn't give you an example of: here's what Scotland  
21 thought, here's how it fed into the National Risk  
22 Assessment and show a clear line around that. I think  
23 that's something that perhaps if you want more detail on  
24 that, we could come back to that and take that as  
25 something to come back to.

39

- 1 **Q.** -- who was invited to be involved in the discussion of  
2 the effective preparation of Scotland for major  
3 emergencies?
- 4 **A.** So it would -- it was probably topic-specific, so we  
5 would be looking at topics across years, and then  
6 obviously taking actions from those meetings and  
7 implementing the actions that came out of those  
8 meetings.
- 9 **Q.** Thank you.
- 10 I want to now move to discuss the National Risk  
11 Assessment and the National Security Risk Assessment and  
12 the Scottish Risk Assessment.
- 13 **A.** Yeah.
- 14 **Q.** First of all I want to ask you about the level of  
15 involvement of Scotland in the National Risk Assessment  
16 process.
- 17 Could we have on screen, please, INQ000147769.
- 18 This is the 2016 National Risk Assessment --  
19 thank you -- as we can see from the front sheet. If we  
20 go to page 2 and the foreword, please, thank you.
- 21 "The United Kingdom has an enviable reputation for  
22 stability and resilience, a reputation built on the  
23 foundations of robust risk management and tried and  
24 tested emergency response and recovery arrangements.  
25 This resilience is crucial to supporting our people and

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- 1 **Q.** Well, did the involvement include the provision of  
2 information, the attendance of meetings? How  
3 practically did Scotland become involved and contribute  
4 to the National Risk Assessment?
- 5 **A.** So I ... so from my recollection there was quite a big  
6 infrastructure at UK level and we would sit and attend  
7 various meetings. So, for example, on CBNR or  
8 related -- groups relating to, for example -- you know,  
9 concerned about a black start, power outage, so there  
10 were different bits of UK infrastructure that would look  
11 at all of these things and we would be often represented  
12 on them as officials.
- 13 I suspect that that was the main way in which we  
14 were involved. I can't say whether the National Risk  
15 Assessment was given to us in draft and we were asked to  
16 comment on it. I can't say that we would have done  
17 that. Certainly what we did do was take that National  
18 Risk Assessment and then look at what a Scottish risk  
19 assessment should look like on the back of that.
- 20 **Q.** Well, we're going to move to that in a moment.
- 21 **A.** Yeah, yeah.
- 22 **Q.** But did you have any concerns that Scotland was not  
23 being adequately involved in the production of this  
24 document, during your time in office?
- 25 **A.** Not that I'm aware of. Not concerns that we weren't

40

1 adequately involved.

2 **Q.** All right. Well, let's take that down, please, and look  
3 at the 2019 NSRA, which is at INQ000147771.

4 I just want to look at a couple of paragraphs within  
5 this document.

6 Let's go to page 3, please. Thank you.

7 We can see this is the 2019 National Security Risk  
8 Assessment. If we go to page 3 and look at the  
9 penultimate paragraph of the foreword, it says that:

10 "The production of the NSRA has been supported  
11 throughout by an extensive stakeholder group, who have  
12 been dedicated in providing evidence and challenge.  
13 This has included relevant government departments,  
14 Devolved Administrations, Chief Scientific Advisers, the  
15 intelligence community, and Local Resilience Forums, as  
16 well as experts from academia and industry."

17 So a similar type of statement to the 2016 NRA.

18 **A.** Yeah.

19 **Q.** The same questions again, Ms Russell. Did you have any  
20 concerns that, so far as Scotland was concerned, there  
21 was an insufficient level of involvement in the  
22 production of this document?

23 **A.** I didn't have any concerns about it myself. As I've  
24 said before, I think the way in which people would  
25 generally have been influencing that would be through

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1 an interplay, and there's probably always -- there's  
2 always differences of views about where some of the  
3 grey lines sit, if I can explain it like that.

4 **Q.** All right.

5 Well, let's take that down and look at the Scottish  
6 risk assessment. First of all, if we look at  
7 INQ000020678. This is the *Scottish Risk Assessment End  
8 of Phase 2 Report*, from March of 2017.

9 **A.** Yeah.

10 **Q.** Thank you. We can see at the bottom left-hand corner  
11 it's a report that's compiled by the SRA Project Team,  
12 sitting within the Resilience Division of  
13 Scottish Government.

14 **A.** Correct.

15 **Q.** Can you tell us about this report, please, and why it  
16 was commissioned?

17 **A.** Yeah. So obviously we were embarking on, for the first  
18 time, a Scottish risk assessment process for Scotland,  
19 and I think it was really important, as we went through  
20 that process, that we were really stepping back and  
21 making sure that we were doing the right things, that we  
22 were getting the analysis right, that we had the right  
23 skills to do that work well. So this report was  
24 a report just looking at the process and how it was  
25 working and what it was starting to show in terms of

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1 a huge infrastructure of sub-groups looking at different  
2 aspects of what sat as part of that National Security  
3 Risk Assessment. So we would be sitting on -- or  
4 officials across government probably sat on quite  
5 a wide-ranging set of groups that would be looking at  
6 the evidence and analysis around that.

7 **Q.** I appreciate that you were not still in office in 2022  
8 and for the production of that National Security Risk  
9 Assessment. Are you able to, from your experience and  
10 knowledge in office, advise us as to whether or not the  
11 process of involving devolved administrations has  
12 changed at all in recent times since the production of  
13 the 2019 National Security Risk Assessment?

14 **A.** I'm sorry, I'm not able to comment on that. I mean,  
15 what I would say is, going back to the start, you pulled  
16 up the table about what is devolved and what is  
17 reserved, and different administrations may take  
18 different views on how involved or not they would have  
19 devolved administrations and reserved matters.

20 So the national security reservation, yes, it's  
21 a reserved matter, but, for example, the  
22 counterterrorism, the contest delivery is devolved to  
23 Scottish Government. So although the subject matter of  
24 national security is reserved, the delivery of the  
25 contest arrangements is devolved. So there's always

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1 Scottish Risk Assessment as opposed to that National  
2 Risk Assessment. So it took the national risks and it  
3 dropped it into that Scottish context.

4 **Q.** Let's have a look at page 3, please, where we can see  
5 a series of purposes and benefits set out. Thank you.

6 "The SRA will ensure there is an overarching  
7 Scottish perspective to risk which will enable us to  
8 improve how we protect our people, resources and assets,  
9 how we prevent and prepare for such incidents and how we  
10 respond to and recover from them should they occur. The  
11 SRA will be an evidence-based resource to inform  
12 multi-agency efforts to prevent, mitigate, and respond  
13 to disruptive challenges."

14 Below:

15 "The work of the SRA will also enhance Scotland's  
16 resilience partnerships' existing risk work by ensuring  
17 national level information is provided for regional  
18 planning purposes."

19 We know what the purpose was for introducing the  
20 Scottish Risk Assessment. Why do you think it hadn't  
21 been used or implemented before?

22 **A.** I think resilience was a maturing model in Scotland, so  
23 as that model matured and we were clearer about the  
24 philosophy and principles we were trying to embed across  
25 Scotland, I think it became apparent that a Scottish

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1 Risk Assessment would be a really helpful part of that  
2 overall package, because it would give you that  
3 strategic cut of the risk as it applied more for  
4 Scotland. So, I mean, just -- you know, we've got 10%  
5 of the UK population in Scotland, but 30% of the land  
6 mass, and actually a very remote and rural country, with  
7 a lot of risk in that. So even just understanding the  
8 risk landscape, for Scotland it just helped to perhaps  
9 just focus slightly differently on how you would do the  
10 risk assessment when you moved from that UK level into  
11 that Scottish level, if that makes sense.

12 **Q.** Had there been a change in culture towards risk in  
13 Scotland which meant that this was seen as  
14 an improvement for Scottish risk preparedness and  
15 resilience?

16 **A.** I think there was just a general maturing of the whole  
17 approach to resilience and how you understand risk and  
18 mitigation, but also how you could use our understanding  
19 of risk to drive change in policies, substantive  
20 policies, so getting more into that preventative space.

21 **Q.** How did this document and then the Scottish Risk  
22 Assessment of 2018 improve or advance the Scottish  
23 strategic objectives so far as preparedness and risk  
24 resilience is concerned?

25 **A.** So I think that, well, one, the strategic risk

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1 that the individual risk assessments are robust and  
2 evidence based. In order to give assurance to this we  
3 have developed a process for challenge of the individual  
4 risk assessments and endorsement of the SRA development  
5 process. The model that we have developed provides the  
6 opportunity for academics and scientists, such as the  
7 Natural Hazards Partnership, to review the individual  
8 risk assessments and provide further guidance to fill  
9 any gaps in the evidence. Following this the  
10 Scottish Government Chief Scientific Adviser (CSA) will  
11 review the SRA process to help ensure that science has  
12 been considered and evidence analysed at appropriate  
13 times during the process. Subsequently the CSA will  
14 advise of improvements that can be made to the process  
15 and future iterations of the risk assessment. The  
16 following diagram shows the range of stakeholders we  
17 have engaged with at various points and how this fits  
18 with the model for verification and endorsement."

19 Before we look at the model, what is the Natural  
20 Hazards Partnership that we see a reference to in the  
21 course of that paragraph? Thank you.

22 **A.** So I actually can't tell you what that partnership was.  
23 So I'm sure we can give you that information quite  
24 readily. I think the overarching -- the overarching  
25 point on this paragraph is the fact that the assessment

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1 assessment was much more -- although it was a classified  
2 document, it was much more readily accessible to our  
3 responder community, so they could much more easily see  
4 the -- that document, the National Risk Assessment, was  
5 quite a highly guarded document, so that -- just  
6 actually sharing that knowledge and being able to work  
7 with partners with that knowledge was helpful.

8 It was used to then drop into the regional  
9 resilience partnership assessment of their risk, and  
10 they then produced risk assessments and plans against  
11 that which cascaded from the strategic risk assessment,  
12 so I think it was really helpful in that as well.

13 I think it did -- as we worked with our policy  
14 colleagues in developing the risk assessment, it did  
15 help them to understand what were the mitigations or  
16 policies that they could do differently for the future,  
17 taking much better account of the underlying risk. So  
18 I think it generated a lot better understanding of  
19 underlying risk across government for the areas that we  
20 focused in on, if that makes sense.

21 **Q.** Could we look at page 5, please. Thank you. Could we  
22 highlight the text above the pyramid, and just read  
23 through that.

24 **A.** Yeah.

25 **Q.** "A key objective for the [Scottish Risk Assessment] is

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1 of risk needed to really take the views of everyone into  
2 account to try to make sure that we had lots of  
3 challenge and lots of people able to interrogate the  
4 risk assessments as they were being developed, and  
5 I think that was an important part of that whole  
6 process.

7 **Q.** Let's have a look at the pyramid, please, and if we can  
8 highlight it and zoom in on the wording. Thank you.

9 **A.** Yeah.

10 **Q.** We can see at the top we've got the Scottish Government  
11 and the Chief Scientific Adviser. Then, moving down the  
12 pyramid, we have the protection preparedness groups, we  
13 can see the Natural Hazards Partnership there, and  
14 a food standards adviser.

15 Then at the next level, multi-agency workshops and  
16 consultation, and then at the bottom we've got the  
17 various --

18 **A.** Yeah, yeah.

19 **Q.** -- if we look at the left-hand side, what are described  
20 as policy inputs.

21 So moving from the bottom upwards, we can see we go  
22 from policy input to discuss and challenge, from review  
23 to endorse.

24 **A.** Yeah.

25 **Q.** Can you explain to us how this pyramid was expected to

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1 work.  
 2 **A.** Yeah. So again, if we take just flooding as an example,  
 3 because it's sitting there as a natural hazard.  
 4 **Q.** Yes.  
 5 **A.** So there would be an initial look at the evidence and  
 6 data and some policy input about what currently was  
 7 being done to address flooding, what we could do moving  
 8 forward.

9 That would then be taken into these workshops and  
 10 consultation pieces. For us it said discussion and  
 11 challenge, so the initial propositions would go there  
 12 for consideration across those groups and, I mean, those  
 13 groups are more actually your responder community  
 14 groups, if you look at who is there, but the Chief  
 15 Medical Officer's there as well, obviously.

16 Then all of the thinking from the workshops and the  
 17 consultation would come back for review and the Natural  
 18 Hazards Partnership -- I'm assuming it is the National  
 19 Hazards -- the people that are core for the national  
 20 hazards work. So they would be looking at the policy  
 21 input plus the discussion and challenge and then it  
 22 would be brought together for an overall endorsement.

23 So it was an iterative process that was intended,  
 24 I suppose, to really interrogate those risks and view  
 25 those risks from lots of different standpoints.

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1 that's -- that would be the reason why we had that  
 2 grouping there, and you see people like the Red Cross in  
 3 there, Scottish Gas Networks, so they were the  
 4 resilience community I think in its broadest sense  
 5 reflected there.

6 Then at that next level up, the partnership grouping  
 7 and the preparedness grouping, I would expect that there  
 8 was a good representation of people on those review  
 9 groups, finally going up for endorsement.

10 I mean, I suppose everything's a learning process,  
 11 isn't it? So if it was felt through this process that  
 12 we were not getting sufficient broader external views  
 13 into that process, then certainly that's something that  
 14 could be built into it, for sure.

15 **MS BLACKWELL:** Thank you.

16 My Lady, I'm moving on to a different topic. Is  
 17 that a convenient moment to have our break?

18 **LADY HALLETT:** Certainly. I shall return at 11.25.

19 **MS BLACKWELL:** Thank you.

20 (11.11 am)

(A short break)

22 (11.25 am)

23 **LADY HALLETT:** Ms Blackwell.

24 **MS BLACKWELL:** Thank you, my Lady.

25 Thank you, Ms Russell. I'm going to ask that we

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1 **Q.** It's described as a model for verification and  
 2 endorsement.

3 **A.** Yeah.

4 **Q.** From what you have described, the intention was to have  
 5 challenge and to ensure that --

6 **A.** Yeah.

7 **Q.** -- the policies that were being prepared and delivered  
 8 were appropriate in --

9 **A.** Yeah.

10 **Q.** -- the circumstances of whichever hazard or risk was  
 11 being considered.

12 But when we look at the description of the  
 13 organisations involved, they all appear to be state  
 14 bodies, don't they?

15 **A.** Yeah.

16 **Q.** Even the Chief Scientific Adviser, who we see in the  
 17 second and top layer, is a government position. So  
 18 where did the external challenge come from in this  
 19 model?

20 **A.** So at the very start, at the policy input stage, I would  
 21 expect that the policies would be being discussed with  
 22 stakeholders and external advisers at that point in  
 23 time. In terms of discuss and challenge, I think what  
 24 was being brought together were your people that would  
 25 have that understanding of risk and resilience. So

50

1 look at the Scottish Risk Assessment from 2018. It's at  
 2 INQ000102940, thank you.

3 If we go to page 3, and look at the foreword, we can  
 4 see there is a photograph, and indeed a signature, of  
 5 John Swinney. This is, I think you said, the first  
 6 Scottish Risk Assessment.

7 **A.** Correct.

8 **Q.** We looked just before the break at the document that  
 9 brought this into force.

10 If we go to page 5, please, thank you, we can see  
 11 the risk titles on this table at the lower part of the  
 12 page, on the left-hand side, then there's a risk IDS  
 13 with a page reference and an overall assessment, and we  
 14 see that the top risk here on this table is indeed  
 15 pandemic influenza, with an overall assessment of very  
 16 high.

17 Can you explain to us what the middle column refers  
 18 to, the risk IDS, with a series of numbers for each of  
 19 the risks, the letter H before each of them?

20 (Pause)

21 Does the H refer to hazard?

22 **A.** Yeah, sorry.

23 **Q.** And then the number of the hazard, and is the S at the  
 24 end of the description a reference to Scotland?

25 **A.** Yes, yeah. Yeah. So they would have been the hazards

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1 that we had chosen to focus on, because obviously we  
2 just took for this strategic risk assessment a number of  
3 risks, we didn't take the whole set of risks.

4 **Q.** Right. Can you confirm that, so far as this risk  
5 assessment is concerned, it uses the same methodology as  
6 the National Risk Assessment --

7 **A.** Yes.

8 **Q.** -- from which it's taken?

9 **A.** Yeah, yeah.

10 **Q.** Yes. Let's look at page 6, please, because I think we  
11 can see here a helpful explanation of where the Scottish  
12 Risk Assessment fits in with the United Kingdom National  
13 Risk Assessment.

14 On the left-hand side, in the text, we see this:

15 "At a regional level resilience partners should use  
16 the Risk and Preparedness Assessment ... process to help  
17 understand the risks that are relevant to each region  
18 and to plan and prepare based on that information. The  
19 SRA provides a Scottish context to resilience partners  
20 on the types of emergencies Scotland may face and makes  
21 the most relevant information available to them when  
22 completing their RPAs.

23 "As a strategic tool, the SRA does not replace or  
24 replicate more detailed risk assessment products and  
25 evidence, whether that be detailed intelligence threat

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1 with the influenza pandemic.

2 We can see the now familiar table in the right-hand  
3 corner, based upon an assessment of impact and  
4 likelihood, and we can see where the reasonable  
5 worst-case scenario appears in the top right-hand corner  
6 of the chart.

7 If we scroll out, please, we can see down the  
8 left-hand side of this page, under "Outcome Description"  
9 that: each wave of the pandemic may last between 12 and  
10 15 weeks, that up to 50% of the population could  
11 experience symptoms, and we can see approximately  
12 2.7 million in Scotland; up to 4% of symptomatic  
13 patients, approximately 110,000 people, could require  
14 hospital care; up to 2.5% of those with symptoms could  
15 die. Then there's the bottom bullet point:

16 "[When] combining these figures ... it is relatively  
17 unlikely to have both high end illness and death rates  
18 resulting in around 68,000 deaths, this is the advised  
19 reasonable worst case for guiding planning in Scotland."

20 Was this assessment based entirely upon the science  
21 which had been provided for the National Risk  
22 Assessment? In other words, was there any separate  
23 Scottish science that was relied upon in order to arrive  
24 at these figures?

25 **A.** So my understanding was that on the pandemic risk, there

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1 assessments or short term hazards forecasts.

2 "The information in this document, alongside the  
3 NRA, can also be used to support investment or resource  
4 allocation on the basis of risk prioritisation.

5 However, it should be used as a guide only and such  
6 decisions must necessarily reflect other factors such as  
7 risk tolerance, capability gaps, mitigation options,  
8 affordability and a wider cost/benefit analysis."

9 So the intention was for the Scottish Risk  
10 Assessment to be used in conjunction with but not as  
11 a substitute for the National Risk Assessment?

12 **A.** Yeah.

13 **Q.** We can see on the right-hand side "UK National Risk  
14 Assessment". It's split into "Hazards" and "Threats",  
15 and we can see that the "Scottish Risk Assessment Hazard  
16 scenarios specific to Scotland" then cascades down to  
17 the "Regional Risk and Preparedness Assessment".

18 So it was intended that both the Scottish and the  
19 National Risk Assessment be used by the regions and the  
20 local resilience partnerships to prepare their own risk  
21 assessments and to utilise the information?

22 **A.** Yeah. The regional resilience partnerships primarily  
23 were doing that kind of supra-assessment. I think there  
24 are some examples of that in the evidence.

25 **Q.** All right. Let's go to page 41, please, which deals

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1 was a UK assessment of what that -- the most likely risk  
2 was around the pandemic flu.

3 **Q.** Yes.

4 **A.** And that -- that there was no reason not to -- to depart  
5 from that for Scotland. So what you're seeing here is  
6 what that national risk would have looked like around  
7 pandemic flu planning as being the most likely scenario.

8 Which I appreciate is not what the pandemic was, but  
9 I think the Scottish assessment was no different, if  
10 that's the question you're asking.

11 **Q.** Well, the question I'm asking is: does this demonstrate  
12 that all that happened was the population figures of  
13 Scotland were replaced in what was an assessment  
14 provided in the National Risk Assessment; the only  
15 difference between the two --

16 **A.** Yeah.

17 **Q.** -- is that the Scottish population figures have been  
18 replaced --

19 **A.** So I suppose if you -- taking it back a step, when we  
20 were preparing the Scottish Risk Assessment, we were  
21 doing that in the context of understanding what the  
22 National Risk Assessment was saying, and so unless there  
23 was some good reason you might want to depart from that  
24 when you were translating that into a Scottish context,  
25 we would have been taking that National Risk Assessment

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1 and moving it into a Scottish context.  
 2 So that scenario, on the left, is the one that  
 3 I recognise, is the one that the Chief Medical Officers  
 4 and others were content was the most likely scenario  
 5 that we should be planning against.  
 6 **Q.** Well, was there any involvement from the Scottish  
 7 scientists that were advising the government? Was any  
 8 of that process undertaken, or was this simply a case of  
 9 putting the Scottish population figures into the  
 10 National Risk Assessment?  
 11 **A.** So I can't answer that question. I think you would need  
 12 to ask that of others about the exact evidence that was  
 13 taken in relation to this particular risk. As  
 14 I understand it, that risk was looked at for Scotland  
 15 and the assumptions were made that really mirrored what  
 16 the assumptions looked like for the UK but for  
 17 a Scottish population.  
 18 **Q.** So you can't tell us, for instance, whether Scotland's  
 19 Chief Scientific Adviser or anybody on the Natural  
 20 Hazards Partnership took into account any of the  
 21 background analysis that had been undertaken for the  
 22 National Risk Assessment, on behalf of Scotland?  
 23 **A.** So what I would say is that process was followed for  
 24 this risk, and the work that was done by those people  
 25 would have informed the outcome on that risk. So

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1 such as -- you said earlier about the 30% land mass and  
 2 how the population is distributed, you wouldn't just  
 3 take the population figures and scale back down, would  
 4 you? Would you not take into account other factors?  
 5 **A.** I think in terms of the -- if I look at the outcome  
 6 description here, the view was that there would be waves  
 7 of pandemic flu that would affect up to -- would create  
 8 up to 30% absence over -- over time, and there was  
 9 nothing to suggest that that wouldn't also be the case  
 10 for Scotland.  
 11 **LADY HALLETT:** So you don't think it's necessary to take  
 12 into account other specific Scottish factors?  
 13 **A.** Well --  
 14 **LADY HALLETT:** I mean, you may be right, I'm just asking.  
 15 **A.** Yes, so I suppose on the scenario that was presented for  
 16 pandemic flu, which was about allowing a flu pandemic to  
 17 effectively move through your population, that was  
 18 the -- that was the -- that's the basis on which this  
 19 scenario was developed. What we understood from that  
 20 was that you would be -- that you would have waves of  
 21 illness going through your population with consequent  
 22 staff absence across your -- across all sectors of your  
 23 society, and that was the scenario.  
 24 So there wasn't necessarily a different --  
 25 a different Scottish aspect of that particular scenario

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1 insofar as there was scientific evidence used, it would  
 2 have been the risk, as it was eventually arrived at, was  
 3 informed by that, through that process.  
 4 **Q.** What does that mean, that it was informed by that  
 5 through the process?  
 6 **A.** Well, I think before the break you'd set out how we had  
 7 worked through these risk assessments for this Scottish  
 8 Risk Assessment, and that process would have been  
 9 followed across the risks that we arrived at for the  
 10 Scottish Risk Assessment.  
 11 So I suppose what would be -- what would have --  
 12 where would the science have been that would have  
 13 suggested that you would have had a different --  
 14 a different nature of planning assumption or risk  
 15 assessment for pandemic flu in Scotland as opposed to  
 16 what was being done at national level, when we broadly  
 17 had a four nations approach to planning for pandemic  
 18 flu.  
 19 **Q.** Right.  
 20 **LADY HALLETT:** I'm sorry, I still didn't follow,  
 21 Ms Blackwell.  
 22 Can I ask you this, Ms Russell: surely if you're  
 23 going to make it a Scottish-specific risk assessment,  
 24 taking the overall analysis of the risk assessment,  
 25 shouldn't you factor in other Scottish specific factors

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1 in terms of what we -- what was being modelled in terms  
 2 of the impact of the waves of flu pandemic across your  
 3 population.  
 4 **LADY HALLETT:** Thank you.  
 5 **MS BLACKWELL:** Thank you.  
 6 Can we move to page 50, please, and look at --  
 7 thank you -- the emerging influenza-type disease. I'm  
 8 sorry, the emerging infectious disease scenario,  
 9 thank you. We can see on the top right-hand corner  
 10 again the familiar chart. Impact versus likelihood, and  
 11 we can see the position at which emerging infectious  
 12 diseases are placed in terms of the reasonable  
 13 worst-case scenario.  
 14 We don't need to go there, but we know that in  
 15 relation to this assessment there were low confidence  
 16 levels, weren't there, Ms Russell?  
 17 **A.** Yes.  
 18 **Q.** Yes, and unlike the National Risk Assessment, which  
 19 indicates the wide range of variants that the emerging  
 20 infectious disease could bring by the positioning of  
 21 arrows at the top right-hand and bottom left-hand side  
 22 of the chart, there are no arrows on this chart to  
 23 indicate that there is a low confidence level. Can you  
 24 explain why that is?  
 25 **A.** No, I'm sorry, I can't. That's the document as it

60

1 stands, so I can't give any explanation for that.

2 **Q.** All right. Perhaps we don't need to look at it, and  
3 you'll take it from me, that in relation to the level of  
4 fatalities and casualties for Scotland that were  
5 assessed as being pertinent to this particular risk,  
6 they are the same -- in the same brackets and in  
7 relation to the same percentages as are taken from the  
8 National Risk Assessment, and, again, it appears that  
9 all that's happened is that the Scottish population  
10 figures have been replaced into the National Risk  
11 Assessment scenario and analysis; do you agree with  
12 that?

13 **A.** Yes, and -- but that would have been done on the basis  
14 of advice that that was an appropriate way to look at  
15 this particular risk, moving from the national to the  
16 Scottish Risk Assessment.

17 **Q.** But who was providing that advice?

18 **A.** The advice would have come from a range of people that  
19 were looking at that risk.

20 **Q.** Who are they? Who are the people who would have been  
21 providing the Scottish advice?

22 **A.** So I can't give you those names, so perhaps we could  
23 come back to that.

24 **Q.** No, but the positions. Positions.

25 **A.** Yeah. So we would have had -- we would have had the  
61

1 and give me a reference to community risk registers?  
2 Thanks.

3 **Q.** The community risk register, was it held at a local or  
4 a regional level?

5 **A.** So there would have been the regional risk assessments  
6 that were done by the regional resilience partnerships.

7 **Q.** Yes.

8 **A.** So they did those assessments, and there was a risk  
9 process attached to that and a continuous improvement  
10 approach to that.

11 LRP may well have held their own community risk  
12 registers, but that would be a matter for those LRPs to  
13 consider and look at what they needed to be focusing on  
14 at that local level, and we would have expected the  
15 regional resilience partnerships to then be having  
16 a look across the local resilience partnership  
17 arrangements.

18 **Q.** How did you ensure that there was good risk assessment  
19 procedure in place on a regional and a local level in  
20 terms of pandemic influenza and emerging infectious  
21 diseases?

22 **A.** So those -- those matters would have been referred to in  
23 the resilience planning and then down into the local  
24 resilience planning. In terms of how that then fed back  
25 up, I think I'd explained earlier that the fire service  
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1 range of people that had the specialist knowledge in  
2 those areas to do that for us, and certainly, you know,  
3 I worked with the Deputy Chief Medical Officer when we  
4 were ensuring that people were aware of this risk, and  
5 it was something that at that point in time he was  
6 content with. So, I'm sorry, you're going to push me,  
7 but I can't answer your question any more than I have  
8 done already, so I can undertake to come back to  
9 the Inquiry with further information on that.

10 **Q.** Right. Was there any additional analysis undertaken in  
11 relation to these two risk assessments for pandemic  
12 influenza and emerging infectious disease other than  
13 replacing the UK-wide population figures with the  
14 Scottish population figures?

15 **A.** Again, could I come back to you on that, please?

16 **Q.** All right.  
17 Let's take that down, please.  
18 Community risk registers. A community risk  
19 register, according to the witness statement of  
20 Mr Thomson, is a multi-agency publication created as  
21 an output of the risk preparedness process.  
22 How were community risk registers used in  
23 conjunction with the risk assessments that we've just  
24 seen?

25 **A.** So, sorry, could you just run past that question again,  
62

1 did some assessment of the regional resilience  
2 assessments and looked for areas where there were gaps  
3 and things that needed to be improved. So that was  
4 a whole kind of continuous improvement process around  
5 that.

6 In terms of understanding at national level, there  
7 was a set of -- there was a set of national actions that  
8 were taken forward as a result of the emergency planning  
9 exercises around the pandemic, and there was also,  
10 from 2017 onwards, a four nations approach that was  
11 taken forward from a decision of the National Security  
12 Council, and Scotland played their part in that.

13 **Q.** Just remaining at a local and regional level for  
14 a moment, who had the level of assurance? Who was  
15 looking at what the regional partnerships and the local  
16 partnerships were doing and ensuring that their level of  
17 local preparation for the risks which we see identified  
18 in the Scottish Risk Assessment were being properly  
19 dealt with and maintained?

20 **A.** So I think under the Civil Contingencies Act ultimately  
21 duties do sit on first and second responders, so  
22 decision-making and making sure that business continuity  
23 planning and all of the things that needed to be in  
24 place at local level ultimately were for those first  
25 responders and second responders to have oversight on,  
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1 and so we would expect -- you know, it's back to that  
 2 subsidiarity principle, we would expect, through the  
 3 arrangements we put in place, that there was an ability  
 4 at local, then regional, then national level to be able  
 5 to do that planning effectively. Because obviously you  
 6 might have, you know, 30 local plans coming up to your  
 7 resilience -- regional resilience partnership, looking  
 8 at those three blocks and the things that they were  
 9 picking out. The strategic resilience partnership that  
 10 I spoke about before the break, pandemic flu did come to  
 11 them as a topic, and they did -- and the resilience --  
 12 regional resilience partners sat on that forum along  
 13 with the first responders, and there was a discussion  
 14 based on the strategic risk assessment at that forum  
 15 with those strategic leaders to have a look at,  
 16 you know, what -- did we feel we were ready for  
 17 a pandemic, what further work needed to be done to  
 18 improve the response. And there was -- some actions  
 19 came out of that meeting.

20 **Q.** When did that meeting take place?

21 **A.** That meeting took place in, I think, 2018.

22 **Q.** Was the conclusion that you were ready for a pandemic?

23 **A.** So the conclusion from that meeting was there was more  
 24 work to be done, and that, you know, all of the  
 25 responders at that meeting said they needed to go back

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1 Those recommendations were themselves considered at  
 2 a progress review event for Silver Swan that took place  
 3 in December of 2016, didn't it?

4 **A.** Yeah.

5 **Q.** Were you present at that?

6 **A.** I wasn't, no.

7 **Q.** No. We know that the Deputy Chief Medical Officer,  
 8 Mr Gregor Smith -- Dr Gregor Smith, sorry, was present  
 9 there.

10 **A.** Yeah.

11 **Q.** You will be familiar, though, with the outcome of that  
 12 review?

13 **A.** Yeah.

14 **Q.** Yes. In general terms, there was still progress to be  
 15 made on all of the areas of recommendation, wasn't  
 16 there?

17 **A.** Yeah, yeah, correct.

18 **Q.** So nothing in that six months had been completely --

19 **A.** Signed off, no.

20 **Q.** -- signed off?

21 **A.** No.

22 **Q.** Right.

23 We then had Operation Cygnus. Were you involved in  
 24 Exercise Cygnus?

25 **A.** Officials within the directorate would have been

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1 and have another look at their plans and see -- make --  
 2 I think there was a -- at that meeting there was a: you  
 3 can plan, but actually let's make sure we're really  
 4 understanding what this modelling is telling us" -- and  
 5 remember it's not the pandemic that came to pass, it was  
 6 the pandemic that we were planning for as a central  
 7 assumption -- make sure that we have got what we need in  
 8 place to address that. And I think I did pick that up  
 9 in my statement.

10 **Q.** Well, I want to take you to a set of minutes from June  
 11 of 2019 from the Strategic Resilience Partnership.

12 **A.** Yeah.

13 **Q.** But to put it in context, first of all, by the time this  
 14 meeting took place there had been Exercise Silver Swan  
 15 in April of 2016?

16 **A.** Yeah.

17 **Q.** As we know, that was an exercise that took place in  
 18 Scotland.

19 **A.** Yeah.

20 **Q.** It was focused on four specific areas: health and social  
 21 care, excess deaths, business continuity, and overall  
 22 co-ordination. Out of that exercise were a series of  
 23 recommendations about pandemic planning, about the  
 24 co-ordination of the response, about supply chain  
 25 interdependencies, and about PPE.

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1 involved, but I personally wasn't involved.

2 **Q.** All right. There were a series of recommendations that  
 3 flowed from that exercise, and those matters were also  
 4 considered by the Strategic Resilience Partnership,  
 5 weren't they?

6 **A.** Correct, yeah.

7 **Q.** Some of those recommendations covered the same areas as  
 8 Silver Swan, some of them covered new areas, such as  
 9 developing a pandemic Concept of Operations, and other  
 10 matters involving capacity --

11 **A.** Yeah.

12 **Q.** -- surge capacity, those matters that were considered,  
 13 I'm going to suggest, in two meetings of the Strategic  
 14 Resilience Partnership in October of 2017 and then in  
 15 April of 2018?

16 **A.** Yeah, yeah.

17 **Q.** Still the recommendations had not been fully  
 18 implemented, had they?

19 **A.** By 20 -- no, they hadn't.

20 **Q.** By 2018?

21 **A.** They were in progress, though.

22 **Q.** They were in progress?

23 **A.** Yeah.

24 **Q.** Because when we come to the meeting in June of 2019 --  
 25 and I am going to ask that we look at the minutes of

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1 this meeting, please, at 2078287(sic), thank you, and if  
2 we can go to page 9, please.

3 Thank you. Can we zoom in on the first box on that  
4 page. Here we see, in relation to health and social  
5 care:

6 "Update April/May 2019"

7 This meeting, I remind ourselves, was June of 2019,  
8 so this was the most up-to-date information.

9 "Further work on pan flu operational guidance for  
10 health & social care in Scotland had been paused due to  
11 internal pressures and anticipation of the UK Pan Flu  
12 Strategy review ... now being progressed. Draft to be  
13 shared with pandemic flu contacts at Boards in  
14 June 2019, the Board pan flu co-ordinators group is  
15 being convened to consider the guidance.

16 "UK-wide Pandemic Flu Strategy -- had been due for  
17 review by Spring 2019 and would naturally inform the  
18 operational guidance for Scotland. However, work paused  
19 at [UK Government] level and timescales for progressing  
20 work on Strategy unclear.

21 "[United Kingdom Government] work on  
22 finalising/disseminating options for response in the  
23 adult social care and community healthcare sectors also  
24 paused -- will help to inform future iterations of  
25 Scottish operational guidance."

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1 the resilience partnership and the various work that was  
2 done with the regional resilience partnerships to  
3 strengthen all of the way that the resilience -- the  
4 resilience system worked effectively. So that work had  
5 been largely done, and there was a whole series of work  
6 that had been done on excess deaths and that work was  
7 also completed.

8 However, as you rightly point out, the work that  
9 sits here has -- was paused and not taken forward  
10 because priority was given to other things.

11 **Q.** Well, following the recommendations in Exercise Cygnus  
12 in 2017, the Scottish Government pandemic flu  
13 preparedness board was set up, wasn't it?

14 **A.** Yeah, yeah, yeah.

15 **Q.** That mirrored the work of the United Kingdom Pandemic  
16 Flu Readiness Board, the PFRB?

17 **A.** Yeah.

18 **Q.** When was the Scottish version of that preparedness board  
19 set up? When did it start to work?

20 **A.** So that board sat over that period -- I'm sorry, I don't  
21 have the dates when it started to hand, but it mirrored,  
22 as you say, the UK arrangements and it sat through that  
23 period.

24 **Q.** How many times did it meet from its inception until the  
25 onset of Covid?

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1 So having had recommendations from Silver Swan in  
2 2016 that the Scottish Government should review its  
3 national plans and also recommendations from  
4 Exercise Cygnus following from that, it would appear  
5 that those areas of improvement, recommendations in  
6 relation to that, were still, in June of 2019, in the  
7 process of being dealt with, had not been completed, and  
8 in fact work on them had now been paused?

9 **A.** Yeah, yeah. That's correct, yeah.

10 **Q.** Why was that?

11 **A.** So some of the work did continue. What happened in  
12 October 2018 was we were presented with the Yellowhammer  
13 planning assumptions for no-deal Brexit, and they were  
14 very, very significantly challenging, and a decision was  
15 taken that priority should be given to working through  
16 how we would mitigate the very significant risks that  
17 would immediately crystallise on a no-deal Brexit, and  
18 that took up a huge amount of strategic capacity across  
19 many parts of Scottish Government, including the  
20 resilience co-ordination of a lot of that work.

21 We still did take forward some of the work, so we  
22 took forward the work on communications around  
23 a pandemic, and that work was issued in 2019. We took  
24 forward the general work around how we would work well  
25 together as a system, and I think I've tried to explain

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1 **A.** So it met -- we had -- we had regular and good meetings  
2 for a period, but from October 2018 that was much more  
3 sporadic.

4 **Q.** So how many times did it meet until you were asked to  
5 pause the work for Operation Yellowhammer?

6 **A.** So I can't give you that answer, I'm sorry. I would  
7 need to look at my papers to tell you that answer.

8 **Q.** What level of work was completed by the board before it  
9 was paused in 2018?

10 **A.** So, as I said, I think the work that was taken forward  
11 within the Resilience Division was progressed and we  
12 managed to get to a conclusion on that. There was  
13 a range of other work that was not completed. And,  
14 you know, that's a matter of evidence, and I think I've  
15 shared with the Inquiry a table setting out where those  
16 various strands of work got to.

17 **Q.** Yes, the table that you've shared with us today --

18 **A.** Yeah.

19 **Q.** -- has been created since the Covid pandemic hit, hasn't  
20 it?

21 **A.** Yeah, yeah, yeah, yeah.

22 **Q.** There are still areas of work outstanding from the  
23 recommendations --

24 **A.** Yeah.

25 **Q.** -- that were made way back in 2016, aren't there?

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- 1 **A.** There are -- I mean, there was work that was progressed  
2 but had to stop because of the pandemic itself, so yes,  
3 there's some work that was not taken forward because of  
4 the pandemic itself.
- 5 **Q.** So the point I'm getting at, Ms Russell, is: even as far  
6 back as the Silver Swan recommendations, but also moving  
7 forwards through the Exercise Cygnus recommendations,  
8 there are still, now, outstanding areas of work, aren't  
9 there? There are still recommendations which haven't  
10 been implemented?
- 11 **A.** Or recommendations that may have been superseded by the  
12 pandemic itself. But I think yes, you're right, there  
13 are still areas of work that would need to be --  
14 you know, further work done on, you're right.
- 15 **Q.** When you say that work had to be paused because of the  
16 preparations for a no-deal Brexit -- a no-deal EU exit,  
17 was that everything that the flu pandemic preparedness  
18 board was working on, or were there still some  
19 workstreams that were worked on even through 2018 and  
20 into 2019?
- 21 **A.** So we were taking a four nations approach, so the  
22 decision --
- 23 **Q.** What does that mean?
- 24 **A.** It was being -- so Scotland was part of an approach led  
25 by the United Kingdom Government to do the pan flu

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- 1 **Q.** If we look at page 12, please, thank you, and can we  
2 zoom in on the table at the top of the page, and go from  
3 left to right.
- 4 The "Provision Description" is:  
5 "Closure of Schools and colleges"  
6 To be included in Scottish Government clause: yes.  
7 Scottish Government policy instructions drafted:  
8 "Colleges remain outstanding."  
9 And then the "Notes":  
10 "OPC in process of making final amendments to draft  
11 clauses for school closures.  
12 "Colleges: separate clauses required for colleges.  
13 "Note: Universities ... are out with scope."  
14 Then we see another column with a "Green" indication  
15 and then an "Amber" one underneath.
- 16 **A.** Yeah.
- 17 **Q.** Then last position:  
18 "Schools: to be completed by 10th June 2019."  
19 Was that done?
- 20 **A.** I can't -- I can't tell you whether that was completed  
21 or not.
- 22 **Q.** And "Colleges":  
23 "Policy area failed to engage despite repeatedly  
24 correspondence. Issue to escalated further urgently."  
25 **A.** Yeah.

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- 1 preparations, so there's a range of work that the  
2 United Kingdom Government had agreed through the  
3 National Security Council that we should, on  
4 a four nations basis, take part in, and that was fine  
5 and we progressed that work up to a point. The work  
6 then that was continued to be taken forward, the only  
7 piece of work that was agreed to be continued to be  
8 taken forward post October 2018, when that pause was  
9 made on a four nations basis, was the legislative work.  
10 So there was work to put in place an emergency  
11 provisions Bill in the case of a pandemic flu, and that  
12 work did continue, and we continued to contribute to  
13 that work.

- 14 There was work that we continued to do based on the  
15 recommendations that had come out of Cygnus and  
16 Silver Swan. So, as I've said, we continued with all  
17 the communications work and that piece of work was  
18 published, we continued with the excess deaths work and  
19 we'd got that to a satisfactory position. In terms of  
20 the material that's sitting on the screen in front of  
21 me, which was the overall strategy which was due to be  
22 reviewed, that was the thing that was not progressed.
- 23 **Q.** But that wasn't the only thing that wasn't progressed,  
24 was it?
- 25 **A.** Yeah, yeah.

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- 1 **Q.** I'm not sure that either of those sentences make sense,  
2 but what does that mean?
- 3 **A.** So when the legislation was being done by the  
4 United Kingdom Government for -- to have on the stocks  
5 and emergency Bill, there were parts of  
6 Scottish Government that wanted more time to think  
7 through the policy implications of what was being  
8 instructed, and at times it was difficult to get that  
9 engagement. So that was a fair reflection on the fact  
10 that that area was outstanding as an area that had not  
11 provided the policy instructions that were needed to  
12 finish the drafting of that Bill.
- 13 **Q.** So was this piece of work one which was paused or had it  
14 been completed by the time that Covid hit?
- 15 **A.** So that piece of -- the piece of legal work that was  
16 ongoing, as I understood it, that emergency legislation  
17 was being finalised over that period.
- 18 **Q.** Was it finalised?
- 19 **A.** I can't tell you whether it was completely finalised.
- 20 **Q.** Right.  
21 Can we go to page 17, please. Thank you.  
22 We can see towards the bottom of this page there is  
23 a reference to the Pandemic Flu Readiness Board, and we  
24 can see at item number 10:  
25 "In summer 2017, the Deputy First Minister

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1 commissioned a new SG Pandemic Flu Readiness Board  
 2 (PFRB) with cross-cutting [Scottish Government]  
 3 membership to lead on Scotland's interests at UK level  
 4 and further develop preparedness in Scotland."  
 5 Number 11:  
 6 "The PFRB agreed to operate a programme of 6  
 7 workstreams (compared to 5 UK workstreams) which extend  
 8 across portfolios of responsibility. These are:  
 9 "Health and social care ([including] Moral and  
 10 Ethical)  
 11 "Legislative  
 12 "Excess Deaths  
 13 "Sector Resilience  
 14 "Communications  
 15 "SG [Scottish Government] Preparedness"  
 16 **A.** Yeah.  
 17 **Q.** Thank you. If we can go back to the full page:  
 18 "Since the project inception [we're now at number  
 19 12] a number of activities across workstreams have been  
 20 developed which have improved the overall state of  
 21 pandemic flu readiness across Scotland, and other UK  
 22 nations. An overview of which is provided in table at  
 23 [paragraph] 18."  
 24 If we go to the following paragraph, number 13:  
 25 "PFRB met approximately every 2 months up until

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1 **A.** That's correct.  
 2 **Q.** What happened when it began to meet again in June 2019?  
 3 **A.** So I think there was only one further meeting of the  
 4 board, as I recollect, but, looking back at your list,  
 5 those workstreams had broadly progressed. I think  
 6 a number of those workstreams had got to a concluded  
 7 point throughout the period of 2019, including our own  
 8 internal preparedness. There had been quite a lot of  
 9 work done internally within Scottish Government  
 10 including incorporating pandemic risk assessment into  
 11 our internal assurance processes. There was an internal  
 12 audit done on some of the work that we'd carried out for  
 13 review. There was -- there was a familiarisation  
 14 process across directorates on the planning assumptions  
 15 for pandemic flu, and familiarisation to ensure that  
 16 people were understanding the sorts of things that  
 17 needed to be considered for their own policy areas.  
 18 So --  
 19 **Q.** Was there a problem with resourcing?  
 20 **A.** There wasn't a -- there's a finite resource in  
 21 government, and there's a finite resource of people with  
 22 certain skills and expertise. So, as an example, if all  
 23 of your skills and expertise on understanding the flow  
 24 of drugs into Scotland and the sort of issues that might  
 25 arise if you did not get those drugs through because of

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1 November 2018 however recent meetings have been  
 2 cancelled/postponed due to availability and competing  
 3 priorities. The board last met on 13 November 2018 and  
 4 is due to meet next on 5 June 2019."  
 5 So it looks as if, although the board was originally  
 6 meeting every two months --  
 7 **A.** Yeah.  
 8 **Q.** -- that frequency was paused in November of 2018. Is  
 9 that, do you say, due to the preparations being made for  
 10 a no-deal EU exit?  
 11 **A.** So the people that were -- so there's a huge  
 12 cross-government effort needed to respond to the  
 13 Yellowhammer planning assumptions, which were really  
 14 significant and required huge amounts of detailed work  
 15 to understand, and put mitigations in place. So that  
 16 explains why the capacity was placed on something other  
 17 than this, and those meetings were not of the same  
 18 frequency.  
 19 **Q.** Can I just remind ourselves, though, of what this  
 20 sentence said:  
 21 "... recent meetings have been cancelled/postponed  
 22 due to availability and competing priorities."  
 23 **A.** Yeah. Yeah, that was no-deal Brexit.  
 24 **Q.** So the board didn't meet from November of 2018 until  
 25 June of 2019?

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1 a no-deal Brexit required the people that might have  
 2 been looking at drug supply for some other reason, then  
 3 those people were going to be looking at the  
 4 no-deal Brexit set of issues. And there was a lot of  
 5 work across government to try to mitigate and understand  
 6 the nature of those risks. I mean, that's just -- I'm  
 7 just being honest, that is what happened.  
 8 **Q.** All right.  
 9 **A.** Whether the Inquiry thinks that's right or not is for  
 10 the Inquiry, but I'm just being honest about what  
 11 happened to the way that resource had to be prioritised  
 12 after that period.  
 13 **Q.** I just want to look at two further paragraphs of these  
 14 notes, paragraph 17, please, which is on the following  
 15 page, thank you:  
 16 "The [Health and Social Care], Communications and  
 17 [Scottish Government] Preparedness workstreams are  
 18 primarily being taken forward by staff as part of their  
 19 business area roles and responsibilities. No additional  
 20 staff resource(s) are required to complete outstanding  
 21 tasks and actions. Workstream leads have however  
 22 suggested they should remain part of current project  
 23 governance arrangements and the focus of the PFPB [that  
 24 should be RB] / to help ensure outstanding work is fully  
 25 completed."

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1 If we, finally, look at paragraph 34, which is on  
2 page 23 -- thank you.  
3 "Outstanding Areas of Work:  
4 "34) Where possible workstream activities are being  
5 completed and/or migrated over to [Scottish Government]  
6 teams as part of business as usual. Work on  
7 Legislation; [Health and Social Care] Guidance;  
8 Communications, Scottish Government Preparedness and the  
9 review of the 2011 UK Pandemic Flu Strategy remains  
10 outstanding. Details of work to be undertaken/completed  
11 is provided at Annex B ..."

12 **A.** Yeah.

13 **Q.** So as of June of 2019 and the decision made, it appears,  
14 during the course of this meeting, was that any  
15 outstanding areas of work were to be folded into  
16 business as usual?

17 **A.** Yeah, and the work on legislation did continue, the  
18 communications work was completed as business as usual,  
19 and the Scottish Government preparedness work did get  
20 done as well.

21 Health and social care guidance, I can't speak to  
22 that. There was a whole -- there was the health and  
23 social care team that would have dealt with that, and  
24 the overall review of the 2011 pandemic flu strategy  
25 remained outstanding. So that wasn't incorporated into

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1 obviously there's the sort of primary, secondary,  
2 tertiary preparation and some of the resilience  
3 community if they talk about prevention might mean  
4 something quite tactical. When I talk about prevention,  
5 I would be talking about early years development or much  
6 broader issues around how to address health inequalities  
7 in a sort of preventative sense, but from what  
8 I understand you're asking around prevention, is there  
9 anything particular you have in your mind, my Lady?

10 **LADY HALLETT:** No, just a focus on prevention, and I thought  
11 your answer was there wasn't a particular focus on  
12 prevention.

13 **A.** I wouldn't say in the way that you've asked for it.  
14 I mean, you can see from the document and the  
15 discussions it was more about mitigating the  
16 consequences.

17 **LADY HALLETT:** Thank you.

18 **MS BLACKWELL:** My Lady, provisional permission has been  
19 given to Scottish Covid Bereaved to ask a question based  
20 around the planning and performance directorate. May  
21 permission be given, please? I understand that  
22 Ms Mitchell King's Counsel is ready to ask that  
23 question.

24 **LADY HALLETT:** Certainly.

25 **MS BLACKWELL:** Thank you.

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1 business as usual, as I understand it, because it didn't  
2 get -- that did not get done. But other things --

3 **Q.** No.

4 **A.** -- that were incorporated into business as usual did.

5 **Q.** It was a disappointing response, wasn't it, to the  
6 recommendations from both Silver Swan and Cygnus?

7 **A.** It was disappointing, but other factors came into play  
8 as well, so I accept that you would call that  
9 disappointing overall, yeah.

10 **MS BLACKWELL:** Right, thank you.

11 My Lady, that completes my questioning for this  
12 witness.

#### 13 Questions from THE CHAIR

14 **LADY HALLETT:** Could I just have one question.

15 Going back to the issue of prevention, I have heard  
16 from a number of witnesses, Ms Russell, about the  
17 importance of prevention in pandemic planning. I mean,  
18 obviously there may well be references to prevention in  
19 these documents and I just wondered if you could help me  
20 as to what kind of emphasis was placed on prevention of  
21 the pandemic, as opposed to dealing with the  
22 consequences, in the planning with which you were  
23 involved?

24 **A.** So in terms of prevention itself, I would say that was  
25 not something that was particularly in focus. I mean,

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1 **LADY HALLETT:** Ms Mitchell.

#### 2 Questions from MS MITCHELL KC

3 **MS MITCHELL:** I'm obliged.

4 You've explained the use of directorates this  
5 morning, providing a more flexible approach. Can I just  
6 ask: some of the witnesses have referred in their  
7 statements to the planning and performance directorate;  
8 can I be clear, is that now the Performance, Delivery  
9 and Resilience Directorate?

10 **A.** Yes.

11 **Q.** Can you tell me when it changed?

12 **A.** So it changed after I had left my role. So, I'm sorry,  
13 I can't really comment on that further. Perhaps  
14 somebody else would be able to give you more information  
15 on that.

16 **Q.** I'm sure we'll try and find that out.

17 Can you explain to us what your role would be in  
18 that directorate?

19 **A.** I didn't -- I was never in that directorate.

20 **Q.** Can you explain, then, the role of the people who were  
21 in that directorate?

22 **A.** In the new directorate are you referring to?

23 **Q.** No, the original directorate.

24 **A.** The Safer Communities Directorate?

25 **Q.** Indeed.

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- 1 **A.** So I was the director of the Safer Communities  
2 Directorate from 2015 to 2020, so I had wide-ranging  
3 responsibilities there as the director, including  
4 responsibility for the police and fire service, for  
5 areas around reducing crime, for counterterrorism,  
6 national security, and resilience was a part of that  
7 overall set of issues that I had responsibility for.
- 8 **Q.** Did you interact with any other directorates during that  
9 time, specifically the performance -- the planning and  
10 performance directorate?
- 11 **A.** So that directorate didn't exist in that form when I was  
12 the director of Safer Communities, and as the resilience  
13 director I would really engage across all of the  
14 directorates in government, because often each  
15 directorate would have an interest in relevance at  
16 different points in time.
- 17 **Q.** That's really what I'm getting at.
- 18 **A.** Okay.
- 19 **Q.** So what was the directorate, if any -- or what was the  
20 name of the body that was responsible for that within  
21 government that's now the Performance, Delivery and  
22 Resilience, or the planning and performance directorate?  
23 Which body was that --
- 24 **A.** Are you talking about the part of government that -- are  
25 you getting at -- that co-ordinated across government

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- 1 **A.** Could you just re -- I'm sorry, apologies.
- 2 **Q.** Yes, certainly.
- 3 "Between 11 June 2009 and 21 January 2020, the  
4 Planning and Performance Directorate did not carry out  
5 direct forecasting for a pandemic."  
6 Is that as you understand it?
- 7 **A.** So, that -- that directorate didn't exist in that form  
8 over that period, so I'm -- I wonder what Caroline's  
9 getting at, you need to ask her herself, whether what  
10 she means is that they were prospectively doing some of  
11 that. Because there was definitely planning work,  
12 obviously, I've talked about the planning assumptions  
13 that were made around a pandemic and familiarisation of  
14 that across government.
- 15 **Q.** Yes.
- 16 **A.** It may be that she's talking about a kind of more  
17 technical thing that that directorate now does. But  
18 certainly the actual planning assumptions around the  
19 pandemic that was being planned for, which I, you know,  
20 fully recognise as not the pandemic that happened, those  
21 planning assumptions were very well understood across  
22 government.
- 23 **Q.** Well, that's hopefully helpful and perhaps we can ask  
24 Ms Lamb more about that.
- 25 **A.** Okay.

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- 1 for resilience?
- 2 **Q.** Indeed.
- 3 **A.** Ah, okay, yes. So that was the directorate that I had  
4 responsibility for, yeah.
- 5 **Q.** So you had responsibility for ensuring effective  
6 planning, preparation, on how to respond and recover  
7 from incidents as a government?
- 8 **A.** So the actual responsibility for consequence planning  
9 sat with individual directorates, so on the health side  
10 of government they had their own resilience function, so  
11 although I had overarching responsibility for  
12 resilience, the policies would sit within the different  
13 directorates. So Health and Social Care would have  
14 a big interest in the pandemic flu risk because clearly  
15 it had big implications for the health and social care  
16 system that they would have been working through.
- 17 **Q.** We have a statement from Caroline Lamb, who the Inquiry  
18 will no doubt hear from. I don't need this brought up,  
19 but just for information, it's INQ000184897, page 44,  
20 paragraph 155.  
21 What she explains is that during the period:  
22 "Between 11 June 2009 and 21 January 2020, the  
23 Planning and Performance Directorate did not carry out  
24 [any] direct forecasting for a pandemic."  
25 Was that anything that you were aware of?

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- 1 **MS MITCHELL:** Thank you.
- 2 **LADY HALLETT:** Thank you, Ms Mitchell.
- 3 **MS BLACKWELL:** My Lady, that concludes Ms Russell's  
4 evidence.
- 5 **LADY HALLETT:** Thank you very much, Ms Russell.
- 6 **THE WITNESS:** Thank you. Thank you.  
7 **(The witness withdrew)**
- 8 **LADY HALLETT:** Can I ask what time people wish me to -- do  
9 I break now or do I go to the next witness?
- 10 **MR KEITH:** We have another witness now. It may be helpful,  
11 my Lady, if we could at least break the back of the  
12 evidence before lunch.
- 13 **LADY HALLETT:** Of course. Whatever suits everybody else.
- 14 **MR KEITH:** May we have Caroline Lamb, please.  
15 My Lady, whilst Ms Lamb finds her way to the witness  
16 box, may I just make a correction arising out of the  
17 evidence yesterday, for the record.  
18 You will recall that Covid-19 Bereaved Families for  
19 Justice Cymru passed a note stating that, in their  
20 opinion, Mr Hancock had not been correct when he had  
21 said in evidence:  
22 "It's the first known coronavirus that affects  
23 humans that can be transmitted asymptotically, and the  
24 WHO assumption was that this wasn't possible until  
25 April 2020."

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1 I made a submission to you to the effect that the  
2 chart of epidemics showed in fact that, in relation to  
3 both MERS and SARS, there was asymptomatic transmission.  
4 I was incorrect, and I apologise. Based on information  
5 I was given I said that they were both asymptomatic.  
6 The correct position, which I'm happy to correct, is  
7 that the chart showed that in relation to MERS, and  
8 whether there was widespread asymptomatic transmission,  
9 the position is: not initially, but more reports over  
10 time. And in relation to SARS there was no widespread  
11 asymptomatic transmission.

12 **LADY HALLETT:** Thank you.

13 **MR KEITH:** Could Ms Lamb be sworn, please.

14 **MS CAROLINE LAMB (affirmed)**

15 **Questions from LEAD COUNSEL TO THE INQUIRY**

16 **MR KEITH:** Could you give the Inquiry your full name,  
17 please.

18 **A.** Yes, Caroline Sarah Lamb.

19 **Q.** Thank you very much for your assistance in this Inquiry,  
20 Ms Lamb.

21 As you give evidence, could you please remember to  
22 keep your voice up so that we may clearly hear you and  
23 so that your evidence can be recorded by our hard  
24 working stenographer.

25 You've provided two corporate witness statements; is  
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1 **A.** I am.

2 **Q.** I believe that formerly you worked in the NHS in  
3 Scotland, you were the chief executive of NHS Education  
4 for Scotland, a post that you held from 2015, and then  
5 in 2019 you moved closer to the heart of the  
6 Scottish Government by leading the Digital Health and  
7 Care Directorate from December 2019.

8 From March 2020 you took on certain roles relating  
9 to the ICU surge requirements in the Scottish NHS, in  
10 relation to Covid, and you became the delivery director  
11 for the extended seasonal flu and Covid vaccination  
12 programme, and then you took up your present post, as  
13 you've said, in January 2021; is that correct?

14 **A.** Yeah.

15 **Q.** Now, given that you're the first senior official in  
16 charge of the Scottish public health system to give  
17 evidence, I want to just take you through very briefly  
18 some of the structures in the organisations which play  
19 important roles in the Scottish public health system.

20 Public health is devolved, is it not, under the  
21 Scotland Act 1998?

22 **A.** That's correct.

23 **Q.** Therefore it is something that is run from Scotland and,  
24 of course, not from Westminster?

25 **A.** No.

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1 that correct?

2 **A.** That is correct.

3 **Q.** Both of which I know you've signed and both of which  
4 contain a statement of truth.

5 Ms Lamb, are you currently the Director General for  
6 Health and Social Care and also the Chief Executive of  
7 NHS Scotland?

8 **A.** I am, and would it be possible for me to just say a few  
9 words in that capacity?

10 **Q.** Of course.

11 **A.** Thank you. Just before we start, I'd like personally,  
12 but also on behalf of NHS Scotland and the Director  
13 General for Health and Social Care at the  
14 Scottish Government, to express my condolences to  
15 everybody who was affected by the Covid-19 pandemic.  
16 I'd like to affirm our commitment to learning from this  
17 Inquiry, and I'd also like to express my huge thanks to  
18 all those who worked across health and social care, and  
19 indeed our partners in local government, in the third  
20 sector, everybody who contributed towards helping to  
21 support the people in Scotland through the pandemic.  
22 Thank you.

23 **Q.** Are you the most senior official in Scotland in relation  
24 to the field of health and social care, that is to say  
25 within the Scottish Government?  
90

1 **Q.** There are in the Scottish Government, are there not,  
2 a variety of public health divisions?

3 **A.** Yes.

4 **Q.** Health protection, health improvement, drugs policy,  
5 Active Scotland and, since the pandemic, two or three  
6 further divisions; is that correct?

7 **A.** That's correct, yes.

8 **Q.** All these divisions are based within the directorate of  
9 Population Health, and that directorate comes within  
10 your general purview of general health and social care?

11 **A.** Yes.

12 **Q.** All right.

13 Could we have, please, up on the screen the  
14 organogram INQ000204014, at page 6, which we will recall  
15 is the page relating to the structures within Scotland  
16 in 2019.

17 **(Pause)**

18 There we are, thank you.

19 So just to familiarise ourselves, please, Ms Lamb,  
20 we can see there in the big yellow box in the middle the  
21 "Scottish Government"?

22 **A.** Yeah.

23 **Q.** We can see the "Scottish Government Resilience  
24 (Ministerial)" and the "(Officials)", the two entities  
25 to which the previous witness referred.

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1 Underneath the yellow box, the "Health and Social  
2 Care Directorates". Is that the directorate with which  
3 you're concerned?  
4 **A.** That's correct, yeah.  
5 **Q.** We can see in there a number of entities: the Chief  
6 Medical Officer, Deputy Chief Medical Officer, Chief  
7 Nursing Officer and so on, to whom we'll return shortly.  
8 Could you just explain where, in the general field  
9 of things, that part of the Scottish Government  
10 concerned with emergency preparedness, resilience and  
11 response comes into it?  
12 **A.** Yeah, the health --  
13 **Q.** Is that a separate division within the Health and Social  
14 Care Directorates, or is it another directorate?  
15 **A.** It sits within what's currently known as the directorate  
16 of the Chief Operating Officer in NHS Scotland.  
17 **Q.** Is the directorate of the Chief Operating Officer within  
18 the directorate of Health and Social Care?  
19 **A.** It is, yes.  
20 **Q.** So we would put that within the blue box in the middle.  
21 Is that emergency preparedness, resilience and  
22 response division what was formerly called the "Health  
23 Resilience Unit", and does that function, the emergency  
24 preparedness, resilience and response function, exist to  
25 work with and support the NHS health boards for which

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1 **Q.** The four major NHS statutory bodies, though -- and we  
2 need to identify them because we'll see them on the face  
3 of the papers -- are: Public Health Scotland, NHS  
4 National Services Scotland, which we often see as  
5 NHS NSS, NHS Education for Scotland, and Healthcare  
6 Improvement Scotland; is that correct?  
7 **A.** They are certainly the four bodies most relevant to  
8 public health in Scotland, yes.  
9 **Q.** Yes, and there are four others which are perhaps  
10 a little less important for our purposes although no  
11 less important in the delivery of healthcare in  
12 Scotland: NHS 24, NHS Golden Jubilee and so on.  
13 All right.  
14 Towards the bottom of the page you will see, at the  
15 bottom left, "Local Authorities" and "Emergency Planning  
16 Officers".  
17 There are 32 local authorities in Scotland. Do they  
18 play a pivotal role in the provision of healthcare or  
19 social care?  
20 **A.** They play a pivotal role in the -- having the  
21 responsibility for social care. They also play a role  
22 in relation to public health, so they have  
23 responsibilities in relation to communicable diseases  
24 and also environmental health.  
25 **Q.** Is that because local authorities exist under statutory

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1 you are responsible because you are the chief executive?  
2 **A.** That's correct.  
3 **Q.** All right. NHS Scotland has a number of parts to it,  
4 does it not?  
5 **A.** It does, yes.  
6 **Q.** I think there are a number of territorial health boards;  
7 is that correct? 14?  
8 **A.** 14, yeah.  
9 **Q.** Those health boards have responsibility for the  
10 population's health and the delivery of frontline  
11 medical services and healthcare within their  
12 geographical boundaries; is that correct?  
13 **A.** That's correct, yeah.  
14 **Q.** All right. Are there four NHS statutory bodies  
15 operating at national level in Scotland?  
16 **A.** So there are actually eight bodies operating at  
17 a national level. You will see on the diagram seven of  
18 them are referred to as "Special Health Boards" and one  
19 is referred to as "Healthcare Improvement Scotland".  
20 I believe that actually National Services Scotland,  
21 formerly the Common Services Agency, is also a corporate  
22 body rather than a special health board, so maybe this  
23 diagram needs a bit of tweaking.  
24 **Q.** I think the tweaking is already under way, Ms Lamb.  
25 **A.** Okay.

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1 obligations in relation to communicable diseases?  
2 **A.** That's correct, yeah.  
3 **Q.** I think under the Scotland Act or the public --  
4 **A.** Public Health --  
5 **Q.** Public Health Act 2008.  
6 **A.** Yeah.  
7 **Q.** Then the CMO, currently Ms Calderwood, is the CMO -- at  
8 the top left-hand corner -- of the Health and Social  
9 Care Directorates?  
10 **A.** The CMO currently is Sir Gregor Smith.  
11 **Q.** I apologise. We are due to hear from Ms Calderwood,  
12 I think Dr Gregor Smith's predecessor?  
13 **A.** That's correct, yeah.  
14 **Q.** The CMO is the most senior medical adviser to the  
15 Scottish Government and to NHS Scotland, of which you  
16 are the chief executive, and does the CMO therefore  
17 report to you, not because you are the chief executive  
18 of the NHS but because you are the director general for  
19 Health and Social Care?  
20 **A.** That's correct, yeah.  
21 **Q.** All right. And there is a Deputy Chief Medical Officer  
22 as well, we can see, and a Chief Nursing Officer, one or  
23 two other bodies to which we've seen reference. Is  
24 there a body now called Public Health Scotland?  
25 **A.** There is, yes.

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1 **Q.** What was it formerly known as?  
 2 **A.** Public Health Scotland came into being on 1 April 2020.  
 3 It brought together parts of organisations, so it was  
 4 formed out of the health protection Scotland and  
 5 information services division, which were previously  
 6 part of National Services Scotland, and NHS Health  
 7 Scotland, which was a separate organisation.  
 8 **Q.** All right.  
 9 On the subject of, while we're still at the  
 10 strategic level, if you like, in relation to health  
 11 services and healthcare in Scotland, is there a body or  
 12 a framework which exists to promote operational  
 13 co-operation between the Scottish Government and  
 14 national public health organisations in the rest of the  
 15 United Kingdom, to which all the CMOs contribute?  
 16 **A.** Yeah.  
 17 **Q.** A common framework?  
 18 **A.** Yes, there is a common framework. There was -- I think  
 19 in the period prior to the pandemic, the  
 20 Scottish Government had a memorandum of understanding  
 21 with Public Health England, and that's now been  
 22 developed, since Public Health England no longer exists,  
 23 into a common framework, yes.  
 24 **Q.** All right.  
 25 Do you have or have you ever had much by way of

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1 **A.** I don't think I can express those views.  
 2 **Q.** All right.  
 3 There is also, as we've heard a few moments ago,  
 4 a pandemic flu readiness board, which is towards the top  
 5 of the page -- thank you very much.  
 6 **A.** Yep.  
 7 **Q.** Very quick off the draw.  
 8 "Pandemic Flu Readiness Board and Programme", and is  
 9 that the Scottish pandemic flu readiness board and  
 10 programme -- I think it's the Scottish one -- set up  
 11 following the order of the then Prime Minister and the  
 12 National Security Council THRC committee in 2017?  
 13 **A.** I'm not sure which one that is. There were two, so  
 14 there was the UK and the Scottish one, so I'm not sure  
 15 what that one is.  
 16 **Q.** I think, because that is absent from pages 7 and 8 -- we  
 17 might just track this down.  
 18 Can we have page 7 and then 8.  
 19 If it's missing from 7 and 8 then this will, on  
 20 page 6, will the Scottish body.  
 21 It's absent, so I think that is the Scottish one,  
 22 which was put into place in 2017.  
 23 **A.** Right, okay.  
 24 **Q.** All right.  
 25 The 2011 strategy.

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1 dealings with SAGE, the Scientific Advisory Group on  
 2 Emergencies?  
 3 **A.** Not personally, however there is -- the Scottish  
 4 Government, Scottish Ministers are able to get advice  
 5 from SAGE.  
 6 **Q.** Yes, and we can see them at the top of this page, can we  
 7 not? There is no Scottish SAGE, is there?  
 8 **A.** That's correct, there isn't.  
 9 **Q.** So when SAGE, which isn't a standing committee, convenes  
 10 in London by the Government Chief Scientific Adviser and  
 11 is chaired by the Government Chief Scientific Adviser  
 12 or, in health emergencies, co-chaired with the English  
 13 Chief Medical Officer, will members of the  
 14 Scottish Government attend that committee if it is  
 15 an emergency which concerns Scotland?  
 16 **A.** Yes.  
 17 **Q.** Is it therefore well known that, for the purposes of  
 18 dealing with health emergencies, the Scottish Government  
 19 may avail itself of advice both from SAGE, the  
 20 Scientific Advisory Group for Emergencies, and also from  
 21 NERVTAG, which is the committee on the top left of the  
 22 screen?  
 23 **A.** Yes, that's correct, yeah.  
 24 **Q.** Are you able to express any views as to whether or not  
 25 that system works well, in your experience?

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1 **A.** Yeah.  
 2 **Q.** The UK Pandemic Influenza Communications Strategy  
 3 document. In your witness statement, you say this: that  
 4 there was little requirement for advice being given by  
 5 the Chief Medical Officer Directorate in Scotland in  
 6 relation to pandemic flu planning because, primarily, it  
 7 was considered that once the updated pandemic flu  
 8 strategy had been agreed in 2011, there were, in  
 9 reality, few decisions which required input from the  
 10 CMO Directorate, and you express that view because, as  
 11 Director General for Health and Social Care, you sit  
 12 above the CMO; is that right?  
 13 **A.** Yes, that's correct.  
 14 **Q.** So is this the position: that following the promulgation  
 15 and the development of that strategy in 2011, that was  
 16 the four nations strategy, if you like, that was set for  
 17 everybody, and unless and until it was further revised  
 18 or updated or changed, that was the strategy to which  
 19 all four nations were committed?  
 20 **A.** Yes, that's correct.  
 21 **Q.** Can you recall -- or, from your enquiries and your  
 22 research, can you recall that basic tenet, the agreement  
 23 to the joint UK strategy, being challenged significantly  
 24 at any time up to 2017 and 2018, when consideration was  
 25 given to updating it and refreshing it?

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1 A. No, I don't recall.  
 2 Q. Do you know why there was no update or refresh, to use  
 3 the jargon, of that strategy before 2018?  
 4 A. No, I don't.  
 5 Q. Could we have a look, please, at that document,  
 6 INQ000148759. Yes. I think actually this isn't that  
 7 document, this is a report on influenza preparedness,  
 8 but it refers to the strategy. Do you recognise this  
 9 document?  
 10 A. Yes, I do.  
 11 Q. Is it a July 2019 consultation draft prepared by the  
 12 Scottish Government for your area in particular, but you  
 13 weren't in post then, Health and Social Care?  
 14 A. Yes, that's right.  
 15 Q. It superseded an earlier document, but not in fact the  
 16 2011 UK strategy, and if we look at page 5 of this  
 17 document, at the second bullet point, we'll see -- ah.  
 18 Yes, thank you very much:  
 19 "The document highlights that pandemic planning is  
 20 taking place at a UK level, with the four UK nations  
 21 working together to update the UK Influenza Pandemic  
 22 Preparedness Strategy ... on which this guidance is  
 23 based."  
 24 So by July 2019, which is the date of the document  
 25 on the screen, eight years later, the strategy that was

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1 Q. If we just look briefly, please, at page 6,  
 2 paragraph 1.5, we can see there that the strategic  
 3 objectives set out in that older document, 2011, are to:  
 4 "Be prepared to respond to any future influenza  
 5 pandemic and any new emerging infections.  
 6 "Minimise the potential impact of a pandemic on  
 7 society and the economy ..."  
 8 And so on.  
 9 Page 7, 2.4, you've referred a moment ago by  
 10 implication to the fact that the guidance in Scotland  
 11 took its own path, even though it was based on the  
 12 earlier UK strategy. 2.4:  
 13 "These strategies promote a culture within services  
 14 that is person-centred, safe and effective, and which  
 15 minimises health inequalities across the population."  
 16 In summary and with half an eye on a number of  
 17 policy documents which were prepared by the  
 18 Scottish Government, was the issue of health  
 19 inequalities flagged up in that Scottish guidance in  
 20 a way that wasn't in the 2011 strategy?  
 21 A. Yeah, this document draws on a number of other  
 22 strategies in Scotland which are highlighted at the  
 23 paragraph above, 2.3, and in amongst that is the  
 24 recognition of the importance of addressing health  
 25 inequalities. So in amongst those -- in amongst those

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1 in place, absent rewriting of the earlier document  
 2 itself, was still based upon that approach from  
 3 eight years before?  
 4 A. Yes, that's correct. This document was produced -- was  
 5 the Scottish document that was produced to provide  
 6 advice and guidance to our health and social care system  
 7 at the time when the 2011 strategy was being updated but  
 8 that work had not yet been completed.  
 9 Q. And --  
 10 A. At a UK level.  
 11 Q. Because the UK rewriting of which -- and my Lady has  
 12 heard plenty in terms of the witnesses who have spoken  
 13 to it -- because that rewriting had not taken place and,  
 14 as we now know, never did take place because of  
 15 Operation Yellowhammer, all the subsidiary documentation  
 16 nationally, including this important document, was still  
 17 based upon the old strategy, it was still based on the  
 18 2011 strategy?  
 19 A. That's correct. However, we had obviously run our own  
 20 exercises in Scotland.  
 21 Q. Yes.  
 22 A. Therefore we had sought to incorporate the lessons from  
 23 those exercises into this guidance in order to try to  
 24 ensure that our system was as prepared as it possibly  
 25 could be.

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1 strategies.  
 2 So when I think about the health and social care  
 3 delivery plan, that's the document in which we confirmed  
 4 the intention to establish Public Health Scotland and to  
 5 have, at the core of that organisation, a mission to  
 6 tackle health inequalities.  
 7 Q. There are actually many, many references to the --  
 8 A. Absolutely.  
 9 Q. -- Scottish Government's desire to tackle health  
 10 inequalities in the rubric of civil contingencies  
 11 documentation and public health documentation.  
 12 A. That's correct, yeah.  
 13 Q. In a way which, I'm sure you're aware, isn't apparent  
 14 from the English or UK analogues.  
 15 Page 10, paragraph 3.6, on the issue of how  
 16 a pandemic would be responded to, this July 2019 draft  
 17 guidance says:  
 18 "The initial response to the pandemic will be  
 19 followed by the Treatment phase, as it will not be  
 20 possible to curtail the spread of the pandemic strain of  
 21 influenza once it has occurred in Scotland."  
 22 Is that a reflection of the same doctrinal or  
 23 strategic issue with which I'm sure you're very  
 24 familiar, which is that the 2011 strategy presumed that  
 25 little could be done to prevent spread and, therefore,

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1 it focused upon the management of the catastrophic  
2 consequences as opposed to preventing their creation,  
3 their arrival?  
4 **A.** So that's correct, the 2011 strategy and indeed I think  
5 probably all our approaches to strategies to deal with  
6 pandemic influenza made the assumption that it would not  
7 be possible to contain the spread and, therefore, the  
8 focus was on mitigating the impact of the disease.

9 That is slightly different from an approach to other  
10 emerging and communicable diseases where there was  
11 an assumption that it might be possible to contain that.

12 **Q.** Yes. I think I would press you on the use of the word  
13 "slightly different", obviously the consequences of that  
14 divergence were massive.

15 **A.** Yeah.

16 **Q.** Page 16, there is a reference to something called  
17 "Integration Authorities".

18 **A.** Yeah.

19 **Q.** Could you just assist with what they are? There is  
20 a reference to "Health and Social Care Partnerships" in  
21 paragraph 5.5, and then further down the page  
22 "Integration Authorities". What are they?

23 **A.** Yeah, so on the -- on the sort of organogram that you  
24 referred me to earlier, where you -- between local  
25 authorities and health boards, if I'm remembering this

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1 statutory responsibility for their care. So that's  
2 where those integrating bodies sit.

3 **Q.** Could I be permitted to try to simplify it yet further,  
4 if you'll forgive me. The Act I think in 2004 obliged  
5 health and social care staff from local authorities to  
6 work with NHS health boards to provide a more seamless  
7 service?

8 **A.** That's correct, yeah, it's 2014.

9 **Q.** What is the difference between integrated joint boards,  
10 then, and health and social care partnerships? Or are  
11 they the same?

12 **A.** So the integrated joint board is the legal structure,  
13 the health and social care partnerships are really the  
14 operational mechanisms by which they enact those  
15 responsibilities and bring staff together into teams.

16 **Q.** All right.

17 That July 2019 document to which you were referring,  
18 but we needn't go back to, refers to two other bodies  
19 which are important to be identified, because of the  
20 role they play in the field of public health provision  
21 in the event of a health emergency.

22 Firstly, on the far right-hand side of the page the  
23 "Scottish Government Resilience Room (SGoRR)", is that,  
24 if you like, the Scottish crisis management --

25 **A.** It is.

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1 correctly, sit --

2 **Q.** If you just pause there, we'll get INQ000204014 back, if  
3 we may, and then you'll be able to see it clearly in  
4 front of you.

5 **A.** Okay, thank you.

(Pause)

7 **Q.** It was page 6.

(Pause)

9 I think our system is slowing down, electronically.  
10 There we are, Ms Lamb.

11 **A.** Okay, so down at the bottom you've got, around about the  
12 middle, "NHS Scotland ... Territorial Boards", 14 of  
13 them, and to the left of that "Integrated Joint Boards"  
14 and "Health and Social Care Partnerships", and to the  
15 left of that "Local Authorities". And that reflects the  
16 legislation that brought together integrated joint  
17 boards. They are organisations that are responsible for  
18 planning and funding services, both community health  
19 services and social care services. So social care  
20 services that are the responsibility of and were  
21 previously delivered by -- entirely by local  
22 authorities, and some community care services from NHS  
23 boards as well. So the principle of that legislation  
24 was to enable a sort of more seamless service for people  
25 regardless of which organisation was actually -- had the

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1 **Q.** -- facility?

2 Then towards the left-hand side of the page, we have  
3 "Regional Resilience Partnerships" and, below them,  
4 "Local Resilience Partnerships". Are those the  
5 organisations at local level, under the principle of  
6 subsidiarity, which bear the burden of both planning and  
7 then responding at a local level because all emergencies  
8 have local impact?

9 **A.** That's correct, yeah.

10 **MR KEITH:** All right.

11 My Lady, if that's a convenient moment?

12 **LADY HALLETT:** Certainly.

13 I hope you were warned you may go over lunch.

14 **THE WITNESS:** Yes, that's fine.

15 **LADY HALLETT:** Thank you very much. I shall return at 1.45.

16 (12.45 pm)

(The short adjournment)

18 (1.45 pm)

19 **LADY HALLETT:** Mr Keith.

20 **MR KEITH:** Ms Lamb, before lunch we were looking at  
21 INQ000148759, the draft influenza pandemic preparedness  
22 document.

23 Could we have, please, page 29, paragraph 10.2.

24 Obviously in relation to countermeasures, on account  
25 of the strategic nature of the document, which we

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1 debated earlier, the only infection control procedures  
2 that were identified and debated in the course of this  
3 draft document could be those that were related to  
4 influenza: hygiene, respiratory and cough hygiene,  
5 patient placement, personal protective equipment, safe  
6 management of the care environment.

7 Then if you scroll back out and just scroll slowly  
8 down to 10.7: respiratory protective equipment, FFP3  
9 respirators, stockpiles of personal protective  
10 equipment.

11 So obviously it followed, did it not, Ms Lamb, from  
12 that strategic approach adopted in the 2011 strategy and  
13 then in the draft July 2019 document that the only  
14 countermeasures that were really considered were those  
15 applicable for flu and, of course, not necessarily for  
16 a catastrophic HCID?

17 **A.** That's correct, this is a plan for a pandemic influenza.

18 **Q.** The risk assessment process, is that something which you  
19 have an involvement in as the Director General for  
20 Health and Social Care?

21 **A.** No, so the risk assessment process obviously we have the  
22 Scottish Risk Assessment --

23 **Q.** Indeed.

24 **A.** -- but that is largely informed by the National Risk  
25 Assessment, and what the Scottish Risk Assessment seeks

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1 **A.** Yeah, that's correct.

2 **Q.** All right.

3 An important separate area on which the  
4 Scottish Government reported was inequalities. Did the  
5 Auditor General for Scotland produce a seminal report on  
6 health inequalities in Scotland in 2012?

7 **A.** That's correct, yes.

8 **Q.** May we have that up, please, INQ000102987. "Health  
9 inequalities in Scotland".

10 Given that this was dated December 2012, was this  
11 regarded as being quite prescient? Were there other  
12 comparable documents dealing with health inequalities in  
13 the United Kingdom published by any of the devolved  
14 administrations?

15 **A.** There were other comparable documents published in  
16 Scotland, yes. So in, I think it was, 2008, there was  
17 a report called *Equally Well*, which was the ministerial  
18 taskforce on health inequalities in Scotland. That was  
19 then reviewed I think in 2010, and then again --

20 **Q.** 2013 as well?

21 **A.** -- 2013, yeah.

22 **Q.** So essentially there were -- a taskforce or a generic  
23 approach applied, adopted by the government in Scotland,  
24 *Equally Well*. The Auditor General for Scotland then  
25 sought the views of community planning and health

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1 to do is to sort of apply any specific issues that  
2 relate to impacts in Scotland.

3 **Q.** The same assumptions are made -- the same approach,  
4 generically, to planning assumptions are made, it  
5 basically mirrors with a national bent in terms of the  
6 figures, population, casualties and fatalities, the UK  
7 approach?

8 **A.** That's correct.

9 **Q.** All right.

10 Response policy documents. Much of your statement  
11 helpfully sets out many of the documents published by  
12 the Scottish Government for the purposes of responding  
13 to an influenza pandemic: Pandemic Flu Guidance;  
14 Preparing For Emergencies; Guidance for Health Boards;  
15 the Preparing Scotland document; Scottish guidance on  
16 resilience; Preparing Scotland, guidance for Scotland's  
17 regional resilience partnerships; and so on.

18 I don't think we need to address any of them in  
19 detail, but is it fair to say that both across the civil  
20 contingencies field and public health, there have been  
21 a significant number of documents published more  
22 recently than latterly, so that is to say there were  
23 a whole series of documents between 2013 through 2015,  
24 2016, 2017 and then up to that draft that we've just  
25 been looking at?

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1 professionals in order to further the issue and the  
2 debate revolving around health inequalities in Scotland.

3 Then -- and this will be familiar to you -- did NHS  
4 Health Scotland then carry out its own health  
5 inequalities policy review in 2013?

6 **A.** It did. I believe that that was to inform the review of  
7 the ministerial taskforce as well. So, again, it all  
8 linked back to the original document, *Equally Well*.

9 **Q.** Then were there four or five even wider reviews of  
10 public health in Scotland, all of which made reference  
11 to health inequalities: Review of Public Health in  
12 Scotland in 2015; Health and social care delivery plan,  
13 December 2016; Public health reform programme, 2017;  
14 July 2018, Public Health Priorities?

15 **A.** Yeah, so to link those together, the ministerial review  
16 of *Equally Well*, which took place in 2013, I think had  
17 some concerns about the extent to which we were making  
18 progress in tackling health inequalities, and that was  
19 the genesis of the setting up the public health review  
20 group, who subsequently reported in 2014.

21 The question that was set to that group was: how can  
22 we be more effective at tackling health inequalities?  
23 That review group then reported, and amongst their  
24 recommendations was to look at how we bring together the  
25 organisations with an approach towards public health and

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1 that then was the commission to start to look at setting  
2 up what became Public Health Scotland.

3 **Q.** In your view, has this proliferation of policy and  
4 reviews and documents over now quite a considerable  
5 amount of time worked?

6 **A.** I think it's hard to say that it has worked because we  
7 have not seen the reduction that we would want to see in  
8 health inequalities in Scotland, and that has been  
9 impacted by the pandemic as well as other economic and  
10 socio-economic factors.

11 I think what it has done is, in bringing together  
12 NHS Health Scotland, the Health Protection Scotland,  
13 previously as part of National Services Scotland, and  
14 Information Services Division, who were again part of  
15 National Services Scotland, bringing them all together,  
16 what that has done is it has established a single  
17 national oversight of public health. It is a health  
18 board, it's established as a health board, and  
19 accountable to Scottish Ministers, but it's also jointly  
20 sponsored by COSLA, the Convention of Scottish Local  
21 Authorities, so it's got -- it's, if you like, jointly  
22 owned by ministers and by local government, and I think  
23 that enables us to really have health inequalities at  
24 the heart of everything we do, which is also key to  
25 other policies across Scottish Government as well.

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1 there, so Public Health Scotland was established really  
2 after the pandemic struck, so whilst a lot of  
3 preparatory work had been done to get us to that stage,  
4 probably some of those ideas and ways of thinking were  
5 not fully embedded.

6 I think as well that -- you know, I think we would  
7 all say that we could have thought more about health  
8 inequalities in our planning for emergencies, although,  
9 as you've already pointed out, the 2019 draft guidance  
10 did specifically reference the need to be -- to focus on  
11 health inequalities in developing those local plans.

12 **Q.** But of course it remained in draft form --

13 **A.** It did, yes.

14 **Q.** -- because of the pandemic.

15 On the question of funding for pandemic  
16 preparedness, is the funding for high-consequence  
17 infectious disease planning and response contained  
18 within a general consolidated fund or does it come out  
19 of the NHS board budgets for which you are in part  
20 responsible?

21 **A.** So I guess there's two aspects to that. So, yes, we  
22 provide baseline funding to all NHS boards. Over and  
23 above that, since -- well, throughout the whole period  
24 that this Inquiry has covered, we have provided  
25 additional funding for board resilience, including

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1 **Q.** Is the point that in this particular regard, because  
2 this is a joint enterprise between COSLA, the Convention  
3 of Scottish Local Authorities, and the  
4 Scottish Government, the whole approach to inequalities  
5 and the need to address them becomes more embedded into  
6 the system?

7 **A.** Yeah.

8 **Q.** All right.

9 **A.** Absolutely, and it's about it being beyond health, so  
10 it's not just about -- health and social care systems  
11 can only tackle a small proportion of health  
12 inequalities. Most health inequalities are driven by  
13 economic factors, environmental factors, socio-economic  
14 factors, particularly poverty.

15 **Q.** I suppose you would say a whole-society approach is  
16 required?

17 **A.** Absolutely.

18 **Q.** What about in the field of civil contingencies? So with  
19 this broad generic whole society approach, is it your  
20 view that planners and responders in the field of civil  
21 contingencies, and in particular health emergencies, are  
22 they equally alert to the need to ensure that plans and  
23 responses take into account the needs and the  
24 vulnerabilities of those suffering from inequalities?

25 **A.** I would say that I think there's still work to be done

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1 prepared -- being prepared for pandemics.

2 **Q.** So the budget is controlled by and is run by the NHS  
3 boards, which of course receive money from the  
4 Scottish Government, and that presumably forms  
5 a majority part of the Scottish Government's  
6 expenditure --

7 **A.** It does, yes.

8 **Q.** -- being a devolved issue?

9 **A.** Yeah.

10 **Q.** Does the system work well with high-consequence  
11 infectious disease budget, in terms of planning and  
12 preparedness and response, being managed and operated  
13 through NHS Scotland as opposed to centrally from the  
14 Scottish Government?

15 **A.** I think it's hard to say whether that works well or not.  
16 Certainly when we -- as we went into Covid the funding  
17 was managed much more -- the funding was increased very  
18 substantially in order to put in place the  
19 infrastructure that we needed to support things such as  
20 contact tracing, testing. That was managed at the point  
21 it was felt most appropriate. So some of that was  
22 allocated to NHS boards in order to run their local  
23 systems, but we also had a national capacity on top of  
24 that, and the funding for that was managed by  
25 Scottish Government.

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1 Q. All right. But that, of course, was in the particular  
2 context of responding to Covid.  
3 A. Yeah.  
4 Q. But as a system, does the majority of the funding for  
5 health emergency planning and response come through the  
6 NHS --  
7 A. It does.  
8 Q. -- Scotland structure?  
9 A. Yeah.  
10 Q. All right.  
11 Exercises, national preparedness and resilience  
12 exercises. You will no doubt be familiar, and you may  
13 have seen the evidence from the witness who gave  
14 evidence prior to you, is it clear that, whilst the  
15 majority of the recommendations which flowed from  
16 Exercise Cygnus -- although Scotland was of course only  
17 partially involved in that exercise -- Silver Swan and  
18 Iris were put into place and implemented, not all of the  
19 actions, lessons and recommendations were, for reasons  
20 that are now becoming very apparent?  
21 A. Yes, that's correct.  
22 Q. To what extent, although you weren't in post at the  
23 time, was your department aware that, notwithstanding  
24 the passage of time, and a considerable amount of time,  
25 these recommendations were just not being implemented in

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1 respiratory protective equipment, the need for a survey  
2 of NHS boards and local authorities to understand what  
3 their needs might be, and that process of trying to  
4 identify what their prospective needs might be was never  
5 finally concluded?  
6 A. We had extended the survey, so we had been carrying out  
7 a survey of NHS boards in relation to their respiratory  
8 PPE, since I think 2015, and we had updated that survey  
9 to include additional questions about the number of  
10 staff who were fit tested for FFP3 masks, so we had  
11 implemented that, I don't think we'd yet had time to  
12 fully act on all the information that came out of that.

13 We'd also written to NHS boards in July 2019 to  
14 remind them of their responsibility to make sure that  
15 staff who would require FFP3 masks were fit tested for  
16 those and that they had sufficient of those. That was  
17 in response to, I think, an Ebola outbreak.

18 Q. Could you just explain something about what sorts of  
19 masks those are? You say FFP3 masks.

20 A. Yeah.

21 Q. Is that a particular grade of mask which is required in  
22 certain HCID scenarios?

23 A. Yes, that's the case. That's a grade of mask that  
24 protects people who are involved in procedures that  
25 might create aerosol.

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1 full?

2 A. Given that I wasn't in post at the time, I'm not sure  
3 I can answer that one.

4 Q. No, but it's an issue which you address in your witness  
5 statement, so you must have given it some thought for  
6 the purposes of your attendance today.

7 A. So I think we were conscious that -- we knew that not  
8 all the recommendations had been addressed, so we knew  
9 that one of the recommendations outstanding was the  
10 200 --

11 Q. The refresh of the --

12 A. -- the refresh of the plan, and we knew that that was in  
13 draft, we knew it was ready to go out for consultation.  
14 It had taken longer than we had originally expected, and  
15 that's because we had consulted originally with quite  
16 a small group, and that had led to some changes to that.

17 I think the other area that we were concerned about  
18 in terms of things not being maybe fully implemented was  
19 around the criteria for staff getting access to  
20 different types of PPE and the awareness of the PPE  
21 stockpile. That was also addressed within that  
22 guidance. So that hadn't been fully signed off either.

23 Q. Just so that we're clear about that, one of the  
24 recommendations, I think from Iris, was that there  
25 needed to be a better understanding of potential use of

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1 Q. So the position then in relation to PPE and masks is  
2 that work was done in relation to raising awareness of  
3 the need for the stockpiles of PPE and masks to be up to  
4 date, letters were written to the health boards to say  
5 "Are you ready"?

6 A. Yeah.

7 Q. But some of the test, particularly fit testing around  
8 PPE, wasn't concluded by the time that the pandemic  
9 struck?

10 A. Yes, there was variability between the extent to which  
11 NHS boards had completed the fit testing.

12 Q. The other main area where work wasn't completed was in  
13 relation to the production of guidance for those  
14 entities, local authorities, dealing with health and  
15 social care, but also of course your department, because  
16 your department has a greater involvement in --

17 A. Yes.

18 Q. -- adult social care than its analogous department in  
19 London?

20 A. Yes, that's correct, although since 2000 -- in 2016 we  
21 issued standards for organisational resilience for NHS  
22 boards, and in amongst those standards was a requirement  
23 for plans to be developed in partnership with regional  
24 resilience partnerships and health and social care  
25 partnerships. So although that 2019 formal guidance

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1 hadn't actually formally been issued, there was already  
2 an assumption within those standards for NHS boards that  
3 they would be working together with partners to develop  
4 multi-agency plans.

5 **Q.** But the guidance --

6 **A.** But the guidance hadn't formally issued.

7 **Q.** The process of drawing up the guidance hadn't been  
8 finished and so you weren't able to conclude that  
9 process by which those persons or entities responsible  
10 for adult social care knew where they stood definitively  
11 in relation to the provision of care in the event of  
12 a pandemic?

13 **A.** We had, by producing the NHS board standards for  
14 organisational resilience in 2016. And then I think  
15 updating them in 2018, what we had done was to set out  
16 the standards that we expected boards to self-assess  
17 themselves against, and that did include working with  
18 their partners who were responsible for the provision of  
19 social care in producing those joint multi-agency plans.  
20 But you're correct that we hadn't formally issued the  
21 guidance as to how to do that.

22 **Q.** Finally, following the pandemic, there was, in Scotland,  
23 a report from the Auditor General drawn up and published  
24 entitled *NHS in Scotland 2020*; is that correct?

25 **A.** That's correct, yeah.

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1 of ways in which the recommendations from Silver Swan,  
2 Iris and Cygnus hadn't been fully implemented and  
3 suggested that the Scottish Government should update and  
4 publish national pandemic guidance for health and social  
5 care.

6 **A.** Yeah.

7 **Q.** Has that been done?

8 **A.** No, that's not been done yet. We are reviewing -- that  
9 2019 guidance is being reviewed in the light of  
10 experiences from Covid, from the initial wave, but also  
11 subsequent waves of Covid that we've been through.

12 **Q.** That report from the Auditor General was dated  
13 February 2021.

14 **A.** Yeah.

15 **Q.** We now are, I'm told, in June 2023. That's  
16 a considerable elapse of time. Why has that guidance  
17 not been brought together?

18 **A.** I think that's a reflection of the fact that the system  
19 has been through successive waves of Covid and also  
20 intense pressures.

21 **Q.** Has the Scottish Government nevertheless established  
22 a Standing Committee on Pandemic Preparedness?

23 **A.** That's correct, yes.

24 **Q.** As it suggests, it's a standing committee. Is that now  
25 a committee that is continuing to meet to address all

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1 **Q.** Thank you very much. Did that state on page 4 that:

2 "The Scottish Government could have been better  
3 prepared to respond to the ... pandemic. It based its  
4 initial response on the 2011 UK Influenza Pandemic  
5 Preparedness Strategy [is that the strategy that we've  
6 been debating?] but did not fully implement improvements  
7 identified during subsequent pandemic preparedness  
8 exercises."

9 Are those the failures, such as they were, that  
10 we've also been debating?

11 "It also did not include an influenza pandemic as  
12 a standalone risk in its corporate or health and social  
13 care directorate [your directorate] risk registers,  
14 despite assessing it as high risk."

15 Did the absence of, some might say, a formulaic  
16 reference to influenza pandemic in the department's high  
17 level risk register matter ultimately?

18 **A.** I think it's clear that we were already involved in  
19 a lot of work to improve our preparedness. I think the  
20 issue here is that maybe our risk management processes  
21 didn't adequately reflect the activity that we had  
22 under way, and it really should be the other way round,  
23 that our risk management assessment should influence our  
24 activity.

25 **Q.** The Auditor General's report made reference to a number

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1 aspects of pandemic preparedness?

2 **A.** Yes, that's the intention of that committee.

3 **Q.** Not just influenza but other catastrophic HCIDs?

4 **A.** That's correct.

5 **Q.** Is that a committee that reports to part of the  
6 Scottish Government or is it an external committee?

7 **A.** It's -- it has an external chair but it reports to  
8 ministers.

9 **Q.** Are there scientists and technical experts who  
10 contribute to the committee along with the Chief Medical  
11 Officer?

12 **A.** Yes.

13 **MR KEITH:** Thank you very much.

14 My Lady, those are all the questions that I have for  
15 Ms Lamb. There are no areas which I don't -- appear to  
16 have not covered.

17 **LADY HALLETT:** Thank you, Mr Keith.

18 Thank you very much indeed, Ms Lamb, I'm very  
19 grateful for your help.

20 **THE WITNESS:** Thank you very much.

(The witness withdrew)

22 **MS BLACKWELL:** My Lady, the next witness, Jeane Tennent  
23 Freeman OBE is appearing over the link.

24 **LADY HALLETT:** Thank you.

25

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1 **MS JEANE TENNENT FREEMAN (called)**  
2 **(Evidence via videolink)**  
3 **LADY HALLETT:** I can see the witness.  
4 **MS BLACKWELL:** Thank you. Would you give your full name to  
5 the Inquiry, please.  
6 **THE WITNESS:** It's Jeane Tennent Freeman.  
7 **MS BLACKWELL:** Thank you, and would you please take the oath  
8 or affirmation.  
9 **THE WITNESS:** Perhaps if you could speak a little louder?  
10 **MS BLACKWELL:** Can you hear me now clearly?  
11 **THE WITNESS:** I can, yes.  
12 **(Witness partly affirmed)**  
13 **MS BLACKWELL:** I'm sorry, my Lady, the screen seems to have  
14 frozen.  
15 **LADY HALLETT:** A lot of time was spent over lunch trying to  
16 solve this, but ...  
17 **MS BLACKWELL:** Yes. I'm just going to pause and see if our  
18 technical experts are able to solve the problem.  
19 **LADY HALLETT:** It's just the last line of the affirmation to  
20 go, isn't it?  
21 **(Pause)**  
22 I won't leave, let's just see how we go.  
23 **MS BLACKWELL:** Thank you, my Lady.  
24 **(Pause)**  
25 **LADY HALLETT:** Do we know if she is coming from her home, an  
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1 **A.** I can.  
2 **Q.** Great, thank you.  
3 During the course of --  
4 **A.** My apologies, I wonder if before we begin I could make  
5 two points, if I may?  
6 **Q.** Yes, please.  
7 **A.** The first, as the first appearance of  
8 a Scottish Government minister to this hearing, I want  
9 to express my sincere condolences to everyone who has  
10 been affected by the Covid pandemic, both at the time  
11 and I know many still are.  
12 I also want to thank our health and social care  
13 staff in Scotland in particular for their  
14 professionalism, their dedication, and their sheer hard  
15 work, which made such a difference to us working our way  
16 through the pandemic.  
17 My second point, Lady Hallett, if I may, is to  
18 thank you for allowing me to give my evidence in this  
19 way on this occasion, notwithstanding our IT glitches.  
20 I very much appreciate your forbearance in that.  
21 **LADY HALLETT:** Not at all. Thank you.  
22 **MS BLACKWELL:** Thank you, Ms Freeman.  
23 You have provided a witness statement. If we can  
24 have it on screen, please, it's at INQ000182604. That's  
25 the first page, and the final page is page 6.  
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1 office, a government building?  
2 **MS BLACKWELL:** I'm unsure, my Lady, I don't know where she  
3 is.  
4 **(Pause)**  
5 My Lady, it doesn't look like it's necessarily going  
6 to be a quick fix.  
7 **LADY HALLETT:** I think it's quicker if I stay here just in  
8 case.  
9 **MS BLACKWELL:** All right.  
10 **(Pause)**  
11 **LADY HALLETT:** It's not your fault, these things happen.  
12 Very well, tell me when you're ready.  
13 **MS BLACKWELL:** I will.  
14 **LADY HALLETT:** Thank you.  
15 **(2.11 pm)**  
16 **(A short break)**  
17 **(2.16 pm)**  
18 **MS BLACKWELL:** My Lady, I'm told that we are re-established  
19 and ready to go again.  
20 **LADY HALLETT:** Could we start the affirmation again, if you  
21 don't mind, Ms Freeman.  
22 **THE WITNESS:** Not at all.  
23 **(Witness affirmed)**  
24 **Questions from COUNSEL TO THE INQUIRY**  
25 **MS BLACKWELL:** Ms Freeman, can you hear and see me?  
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1 Thank you. We can see that there you have signed it on  
2 19 April of 2023.  
3 Can you confirm, please, Ms Freeman, that that is  
4 true to the best of your knowledge and belief?  
5 **A.** It is.  
6 **MS BLACKWELL:** Thank you.  
7 May we have permission to publish it, my Lady?  
8 **LADY HALLETT:** Certainly.  
9 **MS BLACKWELL:** Thank you, we can take that down.  
10 If during the course of your evidence, Ms Freeman,  
11 the link becomes difficult or you can't hear or see me,  
12 please let us know, and equally if you need a break at  
13 any time you will let us know as well.  
14 **A.** Thank you.  
15 **Q.** In terms of your background relevant to this Inquiry,  
16 you were a Member of the Scottish Parliament between  
17 2016 and 2021; you were Minister for Social Security  
18 from May 2016 to June 2018, you were Cabinet Secretary  
19 for Health and Sport from June 2018 until May 2021; and  
20 you are currently an ambassador for community engagement  
21 public health and innovation for the College of Medical,  
22 Veterinary and Life Sciences at the University of  
23 Glasgow.  
24 Is that right?  
25 **A.** It is correct up until the last part. My title now at  
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1 the University of Glasgow is Dean of Strategic  
 2 Communication and Economic Development.  
 3 **Q.** Thank you.  
 4 In terms of your experience of health in Scotland,  
 5 as we have established, you were Cabinet Secretary for  
 6 Health and Sport during the time that the Covid pandemic  
 7 hit, and at paragraph 8 in your witness statement you  
 8 tell us that:  
 9 "... one of the key lessons to be learned is to be  
 10 more fully [integrating] and [resourceful of] ... public  
 11 health policies and delivery, both in terms of the  
 12 overall delivery of health and social care in Scotland,  
 13 and in the need to effectively tackle health  
 14 inequalities, and in the resilience and emergency  
 15 response structures at national, regional and local  
 16 levels."  
 17 So your principal lessons from the pandemic and the  
 18 run-up to the pandemic are to integrate and resource  
 19 public health and social care, address inequalities,  
 20 and -- is this right -- to improve the EPRR structures?  
 21 **A.** Yes, I think that is correct. I think the pandemic  
 22 **(connection lost)** criticality of the public health  
 23 infrastructure, and became clear to me that we needed to  
 24 do more to resource that structure.  
 25 **Q.** From the time that you became Cabinet Secretary for

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1 **Q.** Do you think that there were any drawbacks in Scotland  
 2 aligning itself entirely with the United Kingdom wide  
 3 strategy, given that it was, as we now know, implemented  
 4 in 2011 and not updated over the following nine years  
 5 and before the pandemic hit?  
 6 **A.** I think that would be fair, a fair assessment, if that  
 7 had been the only thing that was informing our pandemic  
 8 preparedness. But of course it wasn't. It had been  
 9 a number of exercises you and your colleague have  
 10 covered with previous witnesses, there was the emergence  
 11 and publication of the Scottish Risk Assessment, and  
 12 various updated guidance as a consequence of some of  
 13 those exercises, all of which came together to update  
 14 and inform pandemic preparedness, but also resilience  
 15 and preparedness across a range of other issues that  
 16 might affect the country and the people who live here.  
 17 **Q.** Well, in relation to the Scottish Risk Assessment, as  
 18 we've established at the Inquiry this morning, although  
 19 the Scottish Risk Assessment dealt with the population  
 20 numbers relating to Scotland itself, there was very  
 21 little additional alteration to the National Risk  
 22 Assessment which was prepared nationally and for  
 23 national guidance and in relation to which there was no  
 24 additional Scottish input other than the population  
 25 figures; do you agree with that?

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1 Health and Sport, did any of those three issues and the  
 2 need to improve them occur to you, or was it only from  
 3 the Covid pandemic hitting that it became apparent to  
 4 you that there needed to be improvements in those three  
 5 areas?  
 6 **A.** I think it would be true to say that I have  
 7 long-standing concern about health inequalities, prior  
 8 to being the Cabinet Secretary, in previous roles. So  
 9 I was very aware of the importance of being able to  
 10 effectively tackle those across Scotland, and of the  
 11 many initiatives that my -- the government I was part of  
 12 and previous governments had undertaken. But we were  
 13 still faced with an intractable problem. Of course  
 14 health inequalities are directly linked to economic  
 15 inequalities, so it's not an issue solely for health to  
 16 try to resolve, but there is a critical importance there  
 17 of what health might do.  
 18 **Q.** When you came into office, were you aware of the  
 19 United Kingdom influenza preparedness strategy that had  
 20 been implemented in 2011?  
 21 **A.** I was.  
 22 **Q.** Although it was before your time in office, were you  
 23 aware that in fact before the swine flu outbreak in 2009  
 24 Scotland had had its own pandemic influenza strategy?  
 25 **A.** Yes.

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1 **A.** By national, I assume you're meaning UK?  
 2 **Q.** Yes.  
 3 **A.** Yes. So whether or not the UK takes account, or the  
 4 United Kingdom Government takes account of the Scottish  
 5 Risk Assessment, which was published in 2018, is really  
 6 for them to answer. What I do know is that it was  
 7 a wide risk assessment, it gave a clear indication in  
 8 terms of health issues along with others of an estimate  
 9 of likelihood and impact and that would inform how the  
 10 Scottish Government prepared itself for any future  
 11 incidents which represented a threat to the proportion.  
 12 **Q.** In relation to the UK-wide influenza preparedness  
 13 strategy, was there ever any discussion during your time  
 14 in office in Scottish Government that there should be  
 15 an adaptation of that in order to make it more  
 16 Scottish-centric?  
 17 **A.** Not that I'm aware of. What I do know is that the  
 18 various exercises that have been touched on during the  
 19 hearing so far did inform the work of what became Public  
 20 Health Scotland but also the health directorate, and  
 21 some of the guidance that was issued to regional and  
 22 local -- particularly regional -- resilience  
 23 partnerships.  
 24 **Q.** Well, you tell us at paragraph 17 in your witness  
 25 statement that your understanding is that the lessons

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1 which came from the exercises fed into your pandemic  
2 planning and preparedness. Can you tell us how the  
3 lessons fed into your pandemic planning and  
4 preparedness, please.

5 **A.** Yeah, if I could give you some examples of that. So one  
6 of those areas would be the --

7 (Connection lost)

8 **MS BLACKWELL:** Oh dear. We were doing so well.

9 **LADY HALLETT:** I think I'm going to stay put this time.

10 **MS BLACKWELL:** Yes.

11 **LADY HALLETT:** Stay positive.

12 (Pause)

13 **MS BLACKWELL:** I'm being told, my Lady, that they're going  
14 through the same process that they did last time, so it  
15 may take about five minutes, but ...

16 **LADY HALLETT:** I'm staying.

17 **MS BLACKWELL:** I'll stay too.

18 (Pause)

19 Ms Freeman, hello, can you see and hear me again?

20 **A.** I can, thank you very much.

21 **Q.** Thank you.

22 We were discussing how the lessons learned from the  
23 exercises fed into your pandemic planning and  
24 preparedness, and I was asking you for details of how  
25 that took place.

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1 you now from the witness statement of the former  
2 First Minister, Nicola Sturgeon.

3 In relation to Exercise Silver Swan, still  
4 outstanding at the outbreak of Covid was an update to  
5 the pandemic guidance for the health and social care  
6 aspect of government, and she tells us in her witness  
7 statement that officials took the decision not to  
8 publish the guidance when the consultation had concluded  
9 in 2019, because that may have led to confusion in  
10 directing the Covid response.

11 Do you agree with that?

12 **A.** Yes, that's correct.

13 **Q.** Secondly, that there was a recommendation to continue  
14 the process of integrating health and social care  
15 partnerships into local pandemic planning, but that had  
16 not been successfully implemented at the time that Covid  
17 hit, had it?

18 **A.** It hadn't, although they were part of local resilience  
19 partnerships.

20 **Q.** Third, there was a recommendation to raise awareness of  
21 national PPE stockpiles and distribution, and that had  
22 not been successfully implemented, had it, by the time  
23 that Covid hit?

24 **A.** No, it hadn't.

25 **Q.** And, finally, getting more staff at NHS boards fit

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1 **A.** Yeah, so if I could give you a couple of examples of  
2 that, one of which would be the NHS Scotland standards  
3 for organisational resilience published in 2016. There  
4 was guidance issued to our health boards on the back of  
5 the lessons learned from those exercises. Of course,  
6 Operation Cygnus or Exercise Cygnus was not specifically  
7 focused on the Scottish situation, but we did take their  
8 recommendations into account. And in terms of Iris,  
9 there were a number of specific actions that fed through  
10 from Iris, including the respiratory protective  
11 equipment survey which has been carried out consistently  
12 since 2015, and -- I think as Ms Lamb indicated -- the  
13 letter issued to health boards in 2019 asking them to  
14 ensure that their plans were updated with respect to the  
15 recommendations that had come out of the various  
16 exercises; and of course Health Protection Scotland  
17 which was a precursor to Public Health Scotland, did  
18 update its guidance on both SARS and MERS.

19 **Q.** In addition to which there were several recommendations  
20 from the three exercises, Silver Swan, Cygnus and Iris,  
21 which by the time the Covid pandemic arrived had not  
22 been implemented, had they?

23 **A.** That's correct.

24 **Q.** So although you don't cover this in any detail in your  
25 witness statement, I'm taking what I'm going to put to

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1 tested on PPE, which is an issue that Caroline Lamb  
2 helped us in relation to earlier today, and again  
3 although that was in the process of being organised, in  
4 fact that hadn't been carried out, had it?

5 **A.** It hadn't been completed, no.

6 **Q.** No.

7 In relation to Exercise Cygnus, whilst you say that  
8 Scotland wasn't an active participant in that exercise,  
9 nevertheless there were eight recommendations which  
10 covered the updating of pandemic guidance, operational  
11 aspects of co-ordinating a response, and also the  
12 expansion or optimisation of social care capacity, so  
13 similar themes to those that had been covered in  
14 Silver Swan.

15 Again, according to paragraph 21 of Ms Sturgeon's  
16 statement, those matters had not all been implemented by  
17 the time that Covid hit. Do you agree with that?

18 **A.** I do.

19 **Q.** May we display, please, INQ000103013, which is the  
20 report into Exercise Cygnus. This was, as we know,  
21 a tabletop exercise conducted in Scotland in March of  
22 2018, and if we can go to page 14, please, second  
23 paragraph:

24 "The exercise identified 14 actions across a broad  
25 range of themes. Despite the breadth of discussion,

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1 there were no great surprises in the issues identified  
 2 as priorities. In the event of a large scale crisis,  
 3 Boards will appreciate strong, national co-ordination  
 4 and clear guidance. Scottish Government and Health  
 5 Protection Scotland should endeavour to ensure that  
 6 relevant guidance is up to date and communicated  
 7 effectively and that processes are in place for standing  
 8 up and accessing national co-ordination structures and  
 9 that these processes are widely agreed and understood.  
 10 Amongst frontline staff there is unease at the lack of  
 11 clarity on PPE availability, training and testing. This  
 12 is a clear gap in Scotland's preparedness for MERS CoV  
 13 and other outbreaks and needs to be addressed as soon as  
 14 possible."

15 So this was in March of 2018. If we go over to the  
 16 following page, please, we can see a series of 13  
 17 actions that were identified in Exercise Iris, and  
 18 outstanding when Covid-19 struck were the following:  
 19 Updating guidance on MERS CoV and incorporating various  
 20 operational points in relation to care pathways and  
 21 management of infected staff, NHS boards building in the  
 22 potential impact of contact tracing and community  
 23 sampling, and also continuing existing work to promote  
 24 standard PPE requirements and the specific requirements  
 25 of a high-consequence infectious disease.

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1 exercises were fully implemented", as we've just  
 2 established.

3 "The Scottish Government based its initial response  
 4 to Covid-19 on the 2011 UK Influenza Pandemic  
 5 Preparedness Strategy.

6 "41. In its consideration and assessments of risks  
 7 to Scotland, the Scottish Government rated the risk of  
 8 an influenza pandemic as highly likely to occur with  
 9 a potentially severe impact. This aligns with the risk  
 10 classification of an influenza pandemic in the UK  
 11 National Risk Register of Civil Emergencies, 2017.  
 12 However, the Scottish Government did not include  
 13 an influenza pandemic as a standalone risk in its  
 14 corporate or health and social care risk registers.  
 15 This meant that there was not adequate corporate  
 16 oversight of this risk, and it is therefore unclear how  
 17 it was being managed and monitored."

18 Ms Freeman, were you aware in the run-up to the  
 19 pandemic that an influenza pandemic as a standalone risk  
 20 had not been set out in the corporate or health and  
 21 social care risk registers?

22 **A.** No, I wasn't.

23 **Q.** Do you agree that that meant that there was not adequate  
 24 corporate oversight of that risk?

25 **A.** It may be the case that there was inadequate corporate

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1 Ms Freeman, can you still see and hear me?

2 **A.** I can still see and hear you. It dropped off for  
 3 a minute, but I can see and hear you now.

4 **Q.** So looking at the actions that were still outstanding  
 5 from the three exercises at the time that Covid hit, and  
 6 indeed at the time that you provided your witness  
 7 statement in April of this year, do you still say that  
 8 some of the lessons that were identified had been fed  
 9 into your pandemic planning and preparedness, but would  
 10 it be right to say that some of the lessons were yet to  
 11 be fully actioned and completed?

12 **A.** Yes, I'd agree that that's fair.

13 **Q.** All right. Thank you. We can take that down, please.

14 I now want to look briefly, please, at three  
 15 reports.

16 I think, my Lady, that these have already been  
 17 referenced today, but I can deal with them shortly,  
 18 I hope.

19 The first is the 2020 Audit Scotland report *NHS in  
 20 Scotland* and it's at INQ000148761. Thank you.

21 This is the one exhibit to your witness statement,  
 22 Ms Freeman, and I'm going to read through some of the  
 23 actions, please, that we see at page 20 to 21.

24 Thank you.

25 "Not all actions from previous pandemic preparedness

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1 oversight, but I do believe there was adequate health  
 2 oversight of the risk.

3 **Q.** "42. The Covid-19 pandemic was caused by a new virus  
 4 with unknown characteristics. Initially there was  
 5 insufficient evidence internationally to show how the  
 6 virus behaved and was transmitted, who was at risk and  
 7 what the incubation period was. The Scottish Government  
 8 had no plan in place to manage this specific kind of  
 9 outbreak so its response was informed by [the strategy  
 10 that we've just referred to]. This was developed  
 11 jointly by the four governments of the UK. The  
 12 Scottish Government's response was also informed by the  
 13 2017 *Management of Public Health Incidents: Guidance on  
 14 the Roles and Responsibilities of Incident Management  
 15 Teams*. The Scottish Government's response to Covid-19  
 16 had to be adapted frequently as new information  
 17 emerged."

18 Then the audit report goes on to deal with the  
 19 exercises that we've just covered, so we can skip over  
 20 that, and on to the next page, please.

21 Here we see that the audit also covers the progress  
 22 in addressing recommendations from pandemic preparedness  
 23 exercises as being slow. Would you agree with that?

**(Connection lost)**

25 **LADY HALLETT:** Frozen screen.

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1 **MS BLACKWELL:** Yes.  
 2 (Pause)  
 3 I'm being asked how much longer I've got. I think  
 4 I can wrap things up in about five minutes.  
 5 **LADY HALLETT:** And I think I've given provisional permission  
 6 to Ms Mitchell.  
 7 **MS BLACKWELL:** I think so, yes.  
 8 Is it one discrete area, Ms Mitchell?  
 9 **MS MITCHELL:** It is one discrete area, and in fact half of  
 10 what I was already going to ask has already been asked  
 11 by Ms Blackwell, so I can narrow the focus.  
 12 **MS BLACKWELL:** Thank you.  
 13 **LADY HALLETT:** Ms Mitchell, I appreciate we all get  
 14 connection problems on occasion, but is this  
 15 a networking problem common to Glasgow? I gather she is  
 16 at a university.  
 17 **MS MITCHELL:** I think I'll probably just say no comment,  
 18 my Lady.  
 19 (Pause)  
 20 **LADY HALLETT:** Ms Freeman, can you see and hear us?  
 21 **A.** I can. Thank you.  
 22 **LADY HALLETT:** Thank you.  
 23 **A.** I apologise again, I think it's the internet at our end  
 24 that keeps going down.  
 25 **MS BLACKWELL:** Ms Freeman, I was asking you if you agreed

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1 **A.** Well, there had been updated actions in response to both  
 2 MERS and SARS, and in terms of H1N1, but there was no  
 3 specific plan for other pathogens, as you say.  
 4 **Q.** Was the capacity and capability within social care in  
 5 Scotland a fundamental problem in the run-up to Covid  
 6 hitting?  
 7 **A.** So we were -- we had information through our  
 8 Care Inspectorate which requires residential care for  
 9 adults to be registered with them, and the  
 10 Care Inspectorate inspects those establishments so we  
 11 had information about the scale of the residential  
 12 provision, and we understood from our local authority  
 13 colleagues adult social care provision to people in  
 14 their own homes. So we had no reason to think that the  
 15 scale of provision was inadequate and, because of the  
 16 inspection regime, had a basis for believing that basic  
 17 infection prevention and control measures were  
 18 understood across both in-home adult social care and  
 19 residential social care.  
 20 **Q.** Was there problems with capacity and capability within  
 21 the NHS services in Scotland leading up to the pandemic?  
 22 I'm thinking in particular of those issues that were  
 23 identified in the Auditor General NHS in Scotland 2020  
 24 report, my Lady, to which Caroline Lamb referred during  
 25 the course of her evidence.

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1 with the audit that the progress in relation to the  
 2 recommendations from the various exercises and the  
 3 implementation of what was being advised had been slow?  
 4 **A.** I think my response to that would be that in some areas  
 5 it was not slow, and in some areas there was important  
 6 work done, not least the Scottish standards in terms of  
 7 resilience and the risk assessment that I mentioned  
 8 earlier. But it is fair to say that not all of the  
 9 recommendations had been implemented or completed by the  
 10 time the Covid pandemic struck.  
 11 **Q.** There was no plan to respond to any other pathogen than  
 12 influenza, was there, in Scotland?  
 13 **A.** No, there wasn't. There was certainly an understanding  
 14 of different pathogens but, as you said, the Covid-19  
 15 was a novel virus, so its exact characteristics and how  
 16 it would perform and transmit was unknown  
 17 internationally, and so information and clinical  
 18 assessment of that was being updated regularly and  
 19 frequently.  
 20 **Q.** But there was no plan to respond to any emerging  
 21 infectious disease, was there, Covid or otherwise?  
 22 **A.** But there was the plan to respond to flu, to a flu  
 23 pandemic --  
 24 **Q.** Yes, but not to any emerging infectious disease other  
 25 than influenza?

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1 **A.** So there were of course, as there always are, pressures  
 2 on NHS capacity, and there had been clear  
 3 recommendations from previous exercises about the  
 4 importance of NHS staff understanding PPE requirements,  
 5 which includes not only the PPE equipment to use but  
 6 also the donning and doffing of PPE, and there had also  
 7 been recommendations around the redeployment of staff in  
 8 response to any particular health emergency. But there  
 9 were capacity issues because Scotland at that point was  
 10 also trying to reduce its waiting times, for example,  
 11 for specific procedures, and also improve its  
 12 performance in other areas of hospital-based healthcare  
 13 as well as primary care.  
 14 **Q.** I just want to take you up on two points that you've  
 15 made there, Ms Freeman. The report from the  
 16 Auditor General states that Covid-19 has exacerbated the  
 17 existing financial and operational challenges in the  
 18 NHS; do you agree with that?  
 19 **A.** Yes, I think that's true, but additionally what has  
 20 exacerbated the challenges is, of course -- I believe it  
 21 has been explained to the hearing before me -- how the  
 22 Scottish budget is devised and therefore decisions of  
 23 the United Kingdom Government in terms of public  
 24 spending have a direct impact on the Scottish budget,  
 25 and the Scottish Government of course cannot borrow and

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1 cannot run in deficit.

2 So the impact of the United Kingdom Government  
3 decisions in about the previous ten years, where they  
4 undertook a policy of what has been described as  
5 austerity, had a direct impact on the  
6 Scottish Government budget. Notwithstanding that, the  
7 health budget and the budget for social care had  
8 increased year on year, but not necessarily increased  
9 sufficiently to meet with additional demands but also  
10 with other cost pressures around pharmacy, inflation and  
11 so on.

12 **Q.** The second issue is PPE. Why, if the issue of  
13 stockpiling, providing and fit testing of PPE had been  
14 raised in three consecutive exercises, had the  
15 Scottish Government not acted upon the recommendations?

16 **A.** So you understand that in Scotland we have a single  
17 organisation, National Services Scotland, which operates  
18 as the procurement arm for our National Health Service,  
19 so we have a single procurement approach. So they had  
20 their own pile or stockpile or volume of PPE, and in  
21 addition they managed the Scottish share of the national  
22 stockpile. Now, I think the key question was whether or  
23 not both of those resources were widely understood  
24 within health, or within social care; and in terms of  
25 social care, up to the pandemic the provision of PPE in

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1 of course, throughout that period, and it is possible  
2 that in the prioritisation of resources and effort then  
3 this did not feature high enough up in those priorities.  
4 There were staff who had been fit tested, but that was  
5 not of a sufficient number to meet the demands of Covid  
6 when it arrived.

7 **Q.** Lessons hadn't been heeded, plans hadn't been updated,  
8 assumptions remained unchallenged, and Scotland was not  
9 as prepared as it could have been, was it, Ms Freeman,  
10 when Covid hit?

11 **A.** There were certainly areas where Scotland could have  
12 been better prepared, in terms of the underlying  
13 structure and the delivery of all those recommendations,  
14 but Scotland, like other countries throughout the world,  
15 was dealing with a virus which was unknown and new, so  
16 in that sense I don't believe there is a plan that would  
17 have been possible that would have been able in and of  
18 itself to cope with Covid-19. What we had was  
19 an infrastructure, including our resilience  
20 infrastructure -- which you've heard of -- which was the  
21 architecture, if you like, that we could rest upon  
22 whilst we came to terms -- often on a daily basis --  
23 with what the impact of Covid meant in terms of health  
24 and social care provision.

25 **MS BLACKWELL:** My Lady, that's all I ask. I'm going to hand

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1 primary care and in social care was the responsibility  
2 of primary care organisations, be they opticians or GP  
3 practice, and in social care, whether that was local  
4 government in the provision of adult at-home social care  
5 or residential care homes, where the owners of those  
6 care homes were responsible themselves for PPE  
7 provision.

8 So there was sufficient PPE at the start of the  
9 pandemic, obviously there were serious challenges  
10 throughout that, and although it's fair to say we came  
11 close on some occasions, we did not run out of PPE in  
12 Scotland.

13 **Q.** In terms of the fit testing of PPE amongst NHS staff,  
14 the recommendation to ensure that that was carried out  
15 adequately was raised in 2015. We know from the witness  
16 statement of Nicola Sturgeon that, at the time that  
17 Covid hit at the end of 2019, beginning of 2020, that  
18 had not been dealt with sufficiently. Is that the fault  
19 of the government and, if it isn't, where does the fault  
20 lie for the failure to implement that recommendation  
21 over that period of time?

22 **A.** So the responsibility for ensuring that those  
23 recommendations are delivered sits with government.  
24 There's no question of that. Government and health  
25 boards and others were under severe pressures,

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1 over now to my learned friend Ms Mitchell.

2 **LADY HALLETT:** Ms Mitchell.

### 3 Questions from MS MITCHELL KC

4 **MS MITCHELL:** I would like to ask about one issue, which is  
5 about the preparation and preparedness of Scotland in  
6 relation to PPE, and my learned friend has just touched  
7 on the matter, and you have responded:

8 "So there was sufficient PPE at the start of the  
9 pandemic, obviously there were serious challenges  
10 throughout that, and although it's fair to say we came  
11 close on some occasions, we did not run out of PPE in  
12 Scotland."

13 And I think that's reflected at paragraph 14 also of  
14 your Inquiry statement.

15 I'd like us, please, to turn to the document for the  
16 Auditor General report, that's INQ0001484761, and  
17 I would like us to go to page 11 of that, that's at  
18 paragraph 14.

19 Do we see there that it is stated in this document,  
20 put short at paragraph 14:

21 "There has been a huge global demand for personal  
22 protective equipment (PPE) since the start of the  
23 pandemic."

24 Then reading short, going to the last two lines:

25 "Therefore, the pandemic PPE stockpile was not

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1 enough to fully meet the demands of the NHS.  
 2 For example ..."  
 3 There are three examples which have been given which  
 4 I will just pick from quickly. The first there is:  
 5 "Some NHS boards reported shortages of certain items  
 6 of PPE early in the pandemic."  
 7 That seems to be in contrast to the evidence that  
 8 you've given to the Inquiry today.  
 9 Also:  
 10 "In a survey of Scottish members carried out in late  
 11 April 2020, the ... (BMA) reported that some doctors did  
 12 not have access to correct and sufficient PPE. This was  
 13 highlighted as the most concerning issue for 16% of  
 14 respondents. Those working in higher risk areas  
 15 reported shortages of a number of items of PPE,  
 16 including full-face visors [that being] 29%, and  
 17 long-sleeved disposable gowns [that being] 16%."  
 18 Finally:  
 19 "The Royal College of Nursing surveyed its members  
 20 in Scotland in April 2020. It found that of those  
 21 respondents working in high-risk environments, 25% had  
 22 not had their mask fit tested and 47% [almost half] were  
 23 asked to reuse single-use equipment."  
 24 So, in light of that, what are we to understand by  
 25 your phrase "we never ran out of PPE in Scotland"?

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1 others for enabling that to happen -- but what that also  
 2 meant was that distribution within hospitals also had to  
 3 change.  
 4 If I could give you one example, I operated  
 5 a practice throughout the pandemic whereby individuals  
 6 could get in touch with me directly if they believed  
 7 they had any problems, particularly on PPE, and we had  
 8 a very specific PPE phone line which was staffed and  
 9 instances of shortage or unavailability were addressed.  
 10 On one occasion I had a very senior clinician from  
 11 a hospital in Edinburgh contact me to say that he was in  
 12 the Accident & Emergency Department and they didn't have  
 13 the PPE they needed. The daily report that I received  
 14 from National Services Scotland showed me the volume of  
 15 each item of PPE that we had in stock, and so I couldn't  
 16 understand why he was without what he needed.  
 17 Investigation that evening revealed that it was there,  
 18 but it was in a particular cupboard and nobody had told  
 19 him that cupboard and where it was. So we resolved it.  
 20 So I give that example as an indication of  
 21 a distribution between the volume of PPE that you might  
 22 hold and the efficacy of how it is distributed out to  
 23 those who need it, and it was largely in the  
 24 distribution that we had to constantly update how we did  
 25 that and improve it, often in response to those surveys

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1 **A.** So in my answer I need to be clear that I'm not seeking  
 2 to undermine those surveys at all or what the members of  
 3 those organisations (**connection lost**) them. But there  
 4 is a difference between supply and distribution and, as  
 5 I said in my previous answer, there's a couple of  
 6 important things to understand about how we entered the  
 7 pandemic and what we had to do in response to the  
 8 pandemic.  
 9 The first of those is that that single procurement  
 10 arm, NSS, was a procurement arm primarily for NHS  
 11 hospitals, and that's how it distributed its PPE. It  
 12 became very clear very early on that those other parts  
 13 of health and social care which (inaudible) prior to  
 14 Covid were their own suppliers of PPE through their own  
 15 separate contracts, mainly because they are private  
 16 businesses in many instances, albeit they're providing  
 17 a service to the NHS. But because their volumes were  
 18 small, in the global demand for PPE, they were frankly  
 19 losing out in that. And so we took a decision that our  
 20 single procurement arm would procure and distribute PPE  
 21 to all those places: to primary care, to social care,  
 22 both care at home and residential care, to opticians,  
 23 dentists, GP practices. That meant we had to introduce  
 24 a number of new both ordering and distribution channels,  
 25 which we did at pace -- and my thanks to NSS and to

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1 and those individual members but also to others using  
 2 our dedicated PPE helpline.  
 3 **Q.** Can I just ask: are records taken of the phone lines?  
 4 **A.** I believe they were. Certainly what happened was that  
 5 I was given information each day and one of my  
 6 ministerial colleagues assisted me in picking up all the  
 7 issues that were raised and then trying to resolve them  
 8 and fix any problems that were arising, in real time, so  
 9 that we weren't having people trying to work in very  
 10 difficult circumstances without the protective equipment  
 11 that they needed.  
 12 **Q.** Would you, finally, accept then that not running out of  
 13 PPE under your definition still meant that many  
 14 frontline Scottish medical staff didn't have correct and  
 15 sufficient PPE and caused, for example, 47% of Scottish  
 16 nurses being asked to reuse single-use equipment?  
 17 **A.** Well, I'm in no position to gainsay what that survey  
 18 says, what I can -- and I wouldn't wish to do so. But  
 19 what I can say is that where issues were raised, either  
 20 through the PPE helpline or directly with me or any of  
 21 my colleagues, we acted in real time to resolve those;  
 22 and what I know, given that every single day I received  
 23 an update from NSS on each item of equipment, how much  
 24 we had, what was on order, whether there were concerns  
 25 about ordering coming in, and that with another

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1 ministerial colleague we invested to set up a domestic  
 2 supply chain of PPE in those circumstances of high  
 3 global competition, then I know that we had enough PPE.  
 4 But clearly we encountered issues around distribution  
 5 both to where it was needed but also within those  
 6 locations to the individuals who needed specific PPE.  
 7 **MS MITCHELL:** Thank you, my Lady, I've got no further  
 8 questions.  
 9 **LADY HALLETT:** Thank you very much indeed, Ms Mitchell.  
 10 **MS BLACKWELL:** My Lady, that completes the evidence of  
 11 Ms Freeman.  
 12 **LADY HALLETT:** Thank you very much indeed, Ms Freeman. We  
 13 got there in the end, thank you for your help.  
 14 And that I think completes the evidence for today.  
 15 **MS BLACKWELL:** It certainly does.  
 16 **THE WITNESS:** Thank you.  
 17 **LADY HALLETT:** Thank you.  
 18 **(The witness withdrew)**  
 19 **LADY HALLETT:** So tomorrow at 10 o'clock?  
 20 **MS BLACKWELL:** 10 o'clock, please, my Lady.  
 21 **LADY HALLETT:** Thank you.  
 22 **(3.05 pm)**  
 23 **(The hearing adjourned until 10 am**  
 24 **on Thursday, 29 June 2023)**  
 25

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